

PUBLIC INTEREST LAW CENTER OF NEW JERSEY

an affiliate of the Appleseed Foundation

SEP 11 2 24 PM '97

SEP 11 1997

September 9, 1997

MUR 4674

**SENSITIVE**

Mr. Lawrence M. Noble  
Office of the General Counsel  
Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

Dear Mr. Noble:

Re: Complaint Arising From State Political Party  
Committees' Miscalculation of Ballot Composition Ratio

New Jersey Public Interest Research Group Citizen Lobby, and the Public Interest Law Center of New Jersey, an affiliate of The Appleseed Foundation, file this complaint, pursuant to 2 U.S.C. §437g, in regard to the ratios used by both the New Jersey Republican and New Jersey Democratic State Committees to allocate their administrative and generic voter drive expenses for shared federal and nonfederal activity during the 1996 general election year. We seek to have your agency investigate this matter.

Based on information contained in reports filed with the Federal Election Commission ("FEC") for the period from November 26, 1996 to December 31, 1996, we believe that (1) the state political party committees, by using an incorrect allocation ratio, made overpayments from their accounts established to pay nonfederal expenses ("nonfederal accounts") to reimburse their accounts established to pay federal or shared expenses ("federal accounts") for expenditures allocable to nonfederal purposes, and (2) funds raised by these party committees, which failed to meet the prohibitions and limitations of the Federal Election Campaign Act of 1971, 2 U.S.C. §§431 et seq., as amended (the "Act"), may have been used improperly to benefit federal candidates. Further investigation is necessary to determine the extent of such overpayments by the state committees, and whether they can be attributed to corporate contributions or individual contributions made in excess of limits imposed by federal law.

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I. Both the New Jersey Republican and Democratic State Committees Applied an Erroneous Ballot Composition Ratio in Violation of FEC Regulations.

Generally, a state party committee must pay the entire amount of an expense for shared federal and nonfederal election activities from its federal account. It may, however, transfer funds from its nonfederal account to its federal account to cover the nonfederal share of each allocable expense. 11 CFR §106.5(g)(1)(i). Alternatively, a party committee may establish a separate federal allocation account used solely for the purpose of paying shared federal and nonfederal costs. In such latter case, the committee must transfer funds from its federal and nonfederal accounts to the allocation account in amounts proportionate to the federal and nonfederal shares of each allocable expense. 11 CFR §106.5(g)(1)(ii). In either case, the FEC has established a regulatory scheme designed to ensure that only funds subject to the prohibitions and limitations of the Act are expended on behalf of federal candidates and elections.

Pursuant to Section 106 of the regulations, state party committees are directed to use different allocation methods for different expenses. With respect to administrative and generic voter drive expenses, costs are allocated according to the ratio of federal offices to total federal and nonfederal offices expected to be on the ballot in the next general federal election held in the state of the committee. 11 CFR §106.5(d)(1); FEC, Campaign Guide for Political Party Committees, p.48 ("FEC Guide"). This is known as the "ballot composition ratio," which must be calculated at the beginning of a two-year Congressional election cycle.<sup>1</sup>

With respect to the direct costs of fundraising activities, costs are allocated according to the ratio of federal funds received to total receipts for the program or event, 11 CFR §106.5(f) (the "funds received method"), and, with respect to the costs for communications that relate to federal and nonfederal

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<sup>1</sup> There is a second ratio that party committees located in New Jersey, and other states that do not hold federal and nonfederal elections in the same year, must employ during the nonfederal election year in order to allocate generic voter drive expenses (but not administrative expenses). Pursuant to 11 CFR §106.5(d)(2), such party committees must allocate the costs of generic voter drives according to a ballot composition ratio that is calculated on the basis of federal and nonfederal offices expected to be on the ballot for "that calendar" year. In this way, party committees located in New Jersey do not allocate generic voter drive expenses based on a ratio calculated for the two-year Congressional election cycle.

elections, including "exempt party activities,"<sup>2</sup> costs are allocated according to the ratio of space or time devoted to federal candidates (or elections) compared with the total space or time devoted to all candidates (or elections). 11 CFR §106.5(e) (the "time/space method"). See also FEC Guide at p.48. Such ratios are tied to specific events in contrast to the ballot composition ratio which is uniformly applied to all administrative and generic voter expenses. The individual ratios calculated by both the Republican and Democratic Party Committees during the 1996 election for fundraising and direct candidate support are not the principal subject of this complaint.<sup>3</sup>

### The Miscalculation

A review of the Schedule H1 forms submitted to the FEC by the Republican and Democratic State Committees seems to indicate that both committees miscalculated the ballot composition ratio to be applied to allocate shared administrative and generic voter drive expenses incurred during 1996. Pursuant to the ballot composition method set forth in 11 CFR §106.5(d)(2), which is applicable to New Jersey, the general rule described in paragraph (d)(1) of section 106.5 applies during federal election years. See FEC Guide at p. 48; *infra*. n.1.

Pursuant to the general rule for calculating the ballot composition ratio, a state party committee can allocate one nonfederal point for each state office if candidates for all State Senate or State Assembly seats are expected on the ballot. FEC Guide at p. 48 (explaining calculation method set forth in 11 CFR §106.5(d)(1)(ii)). The party committee can also allocate an additional nonfederal point if any "partisan local candidates are expected on the ballot in any regularly scheduled election during the two-year congressional election cycle" as well as an extra unconditioned nonfederal point. *Id.* Applying this point allocation system to the situation in New Jersey in 1996, complainants believe

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<sup>2</sup>Pursuant to rules specified in 11 CFR §§100.7(b) and 100.8(b), state and local party committees may spend unlimited amounts of money for certain activities that benefit federal candidates but that are exempt from the definitions of expenditure or contribution. Candidate support activities, such as the preparation of slate cards and sample ballots, the distribution of pins, bumper stickers, handbills, etc. are considered exempt party activities. See FEC Guide at 17.

<sup>3</sup> At this time, the complainants do not have any information on which to conclude that the party committees inaccurately calculated fund received or time/space ratios for any specific activity. However, for purposes of this complaint, we are assuming that such ratios typically resulted in 60 to 100 percent of the costs of fundraising and candidate support activities being allocated as federal expenses. Our assumption rests on the lack of state candidates during the 1996 election.

that, under the current regulations, the proper federal allocation was 60 percent (i.e., 3 federal points/5 total points). In contrast, the Republican state committee stated that it used 42.86 percent as its federal allocation percentage, and the Democratic state committee stated that it used 50 percent.

In 1996, there was only one special state election for an assembly seat in addition to several nonfederal local and municipal elections. This election was held in District 21 in Essex County. Because elections for all State Senate or Assembly seats were not held (but will be held in 1997), no nonfederal points should have been assigned for the offices of State Senate or State Assembly. The New Jersey Republican State Committee erroneously allocated one nonfederal point for each of those two offices, whereas the New Jersey Democratic State Committee allocated one federal point only for the office of State Representative. See Schedule H1 Forms for both committees attached hereto as Exhibit A. Complainants allege that only two nonfederal points should have been assigned, one for local candidates and one for the extra nonfederal point that is available to all state and local party committees. In this way, the Republican state committee erroneously assigned 4 nonfederal points resulting in an incorrect ratio of 4/7, and the Democratic state committee erroneously assigned 3 nonfederal points resulting in an incorrect ratio of 3/6.<sup>4</sup>

#### Prohibited Expenditures

If the New Jersey party committees had applied the proper ballot composition ratio, their expected nonfederal share of all operating expenditures made for shared federal and nonfederal activity should have been 40 percent or less (given our assumption regarding funds received and time/space ratios used in the New Jersey 1996 federal general election, see, infra. n.2). Accordingly, the Republican state committee should have allocated at most \$1,713,461 to benefit state candidates (or elections), not \$2,475,984.34 representing a 57.8 percent nonfederal allocation;

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<sup>4</sup> According to the information submitted to the FEC, the Republican state committee allocated approximately 42 percent of all its shared operating expenditures for its federal activities (not just expenditures for administrative and generic voting expenses), and similarly, the Democratic state committee allocated approximately 46 percent of all its joint operating expenditures as its federal share. See Detailed Summary Page at line 21(a) for both party committees attached hereto as Exhibit B. These percentages are substantially lower than the 60 percent or larger federal share than one would expect from a combination of the three allocation ratios applicable to all shared federal and nonfederal expenses. The complainants request that the FEC undertake a further review of the specific funds received and time/space ratios that were employed by both state party committees in order to determine the extent that the committees underestimated their allocable federal share.



and the Democratic state committee should have allocated a maximum of \$1,139,703 to benefit state candidates (or elections), not \$1,246,494.75 representing a 43.7 percent nonfederal allocation. See Exhibit B at line 21(a).

In accordance with this conclusion, the reports submitted to the FEC appear to indicate that both party committees made overpayments from their nonfederal accounts to their respective federal accounts. Assuming a nonfederal share of 40 percent, the Republican state committee transferred \$2,403,854.69 from its nonfederal account to its federal account resulting in an overpayment of \$690,393.69; the Democratic state committee transferred \$1,330,158.51 from its nonfederal account to its federal account resulting in an overpayment of \$190,455.51. See Exhibit B at line 18. Accordingly, we believe that such overpayments by the committees' nonfederal accounts are in clear violation of the Act. 11 CFR §106.5(g)(2)(iii). See also FEC Guide at pp. 48-49.

Nonetheless, because these calculations assume a 40 percent nonfederal percent allocation and do not include an analysis of the party committees' specific funds raised and time/space ratios, further investigation by the FEC is necessary to determine the actual extent of the wrongful overpayment.

#### **Source of Illegal Overpayments**

Complainants have also reviewed reports filed by the state party committees with the State Election Law Enforcement Commission ("ELEC") in 1996. These reports detail from whom the committees received contributions, the amount contributed, and to whom the committees distributed funds.

It is important to note that approximately one-half of the \$5 million raised by the Republican state committee was transferred to its federal account allegedly to cover nonfederal allocable expenses (i.e., \$2,403,854.69). See New Jersey Republican State Committee Report attached hereto as Exhibit C. This amount represented 48.5 percent of the total receipts in the federal account. Similarly, approximately three-quarters of the \$1.78 million raised by the Democratic state committee was transferred to its federal account also purportedly to cover nonfederal allocable expenses. (i.e., \$1,330,158.51). See New Jersey Democratic State Committee Report attached hereto as Exhibit D. This amount represented 44.6 percent of all money received in the federal account.

A review of these reports submitted to ELEC reveals that a large portion of the money raised by both party committees did not comport with federal contribution limitations and prohibitions. See Exhibits C & D. In addition, a substantial portion of the money raised by the Democratic state committee in the two weeks prior to the election came from outside of the state. See Exhibit D. From the information provided in the reports, complainants cannot

determine whether such nonfederal contributions ultimately constituted the overpayment alleged above and whether such contributions were solicited and made with the understanding that they would be spent to benefit federal candidates (or elections). Complainants therefore request that the FEC conduct an investigation that is able to resolve both these important public issues.

**II. As Applied in New Jersey's 1996 Election, Calculation  
Formula Prescribed in FEC Regulations Does Not  
Adequately Protect Statutory Contribution Limitations.**

Pursuant to 2 U.S.C. §441a(a), Congress has clearly set forth dollar limitations on contributions to be used for the benefit of federal candidates and elections. Similarly, under 2 U.S.C. §441b Congress has indicated its intent to prohibit all contributions or expenditures made by corporations or labor organizations in connection with any federal "election to any political office," except to the extent permitted by such provision. In order to implement these mandates, the FEC has issued an extensive regulatory scheme to ensure that funds expended on federal candidates and elections were raised in accordance with the limitations and prohibitions set forth in the Act.

Complainants allege that the method used to calculate the ballot composition ratio, as set forth in 11 CFR §106.5(d)(1), does not adequately protect statutory contribution limitations when applied in New Jersey during a federal general election year. Even if the party committees had properly followed guidelines issued by the FEC, the resulting 60/40 ratio would not have accurately reflected the actual benefit accruing to federal candidates from expenditures made by those committees. We suggest that New Jersey political committees should not be eligible to receive the extra nonfederal point during a federal election year, when there are no statewide elections and few local elections. The resulting 75/25 ratio would better ensure that statutory restrictions and prohibitions are met.

For the foregoing reasons, as the organizational complainants stated from the outset, we are requesting that the FEC conduct a further investigation of all the issues raised in this complaint.

Respectfully submitted,

*Renée Steinhausen*

Renée Steinhausen, Esq.  
Executive Director

Subscribed and sworn  
to before me this  
4 day of September, 1997

*9/9/97 Maria Ramos*

NOTARY PUBLIC

NEW JERSEY NOTARY PUBLIC  
MARIA RAMOS

My Commission Expires 2/28/2002

Exhibit A

## SCHEDULE H1

METHOD OF ALLOCATION FOR SHARED FEDERAL  
AND NON-FEDERAL ADMINISTRATIVE EXPENSES  
AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

New Jersey Republican State Committee

## NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX) .. 0.00%  
 \_ PRESIDENTIAL YEAR (65%)  
 \_ ALL OTHER YEARS (60%)

## HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

\_ MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) 0.00%  
 OR  
 \_ FUNDS EXPENDED:  
 . ESTIMATED DIRECT CANDIDATE SUPPORT - FEDERAL ..... 0.00%  
 . ESTIMATED DIRECT CANDIDATE SUPPORT - NON-FEDERAL .... \$ 0.00

## ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT - FEDERAL ..... \$ 0.00 .. 0.00%  
 ACTUAL DIRECT CANDIDATE SUPPORT - NON-FEDERAL ..... \$ 0.00

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER 65% IN ANY YEAR.

## SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

## FUNDS EXPENDED:

. ESTIMATED DIRECT CANDIDATE SUPPORT - FEDERAL ..... 0.00%  
 . ESTIMATED DIRECT CANDIDATE SUPPORT - NON-FEDERAL .... 0.00%

## ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT - FEDERAL ..... \$ 0.00 .. 0.00%  
 ACTUAL DIRECT CANDIDATE SUPPORT - NON-FEDERAL ..... \$ 0.00

## STATE AND LOCAL PARTY COMMITTEES

## BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

1. PRESIDENT.....	(1 POINT).....	1
2. U.S. SENATE.....	(1 POINT).....	1
3. U.S. CONGRESS.....	(1 POINT).....	1
4. SUBTOTAL - FEDERAL (ADD 1, 2 AND 3).....		3
5. GOVERNOR.....	(1 POINT).....	0
6. OTHER STATEWIDE OFFICE(S).....	(1 OR 2 POINTS)...	0
7. STATE SENATE.....	(1 POINT).....	1
8. STATE REPRESENTATIVE.....	(1 POINT).....	1
9. LOCAL CANDIDATES.....	(1 OR 2 POINTS)...	1
9A. EXTRA NON-FEDERAL POINT.....	(1 POINT).....	1
10. SUBTOTAL - NON-FEDERAL (ADD 5, 6, 7, 8, AND 9).....		4
11. TOTAL POINTS (LINE 4 PLUS LINE 10).....		7

FEDERAL ALLOCATION=LINE 4 DIVIDED BY LINE 11..... 42.86%

METHOD OF ALLOCATION FOR SHARED FEDERAL  
AND NON-FEDERAL ADMINISTRATIVE EXPENSES  
AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

New Jersey Democratic State Committee

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX) 0.00%  
☐ PRESIDENTIAL YEAR (65%)  
☐ ALL OTHER YEARS (50%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) 0.00%

OR

☐ FUNDS EXPENDED:

ESTIMATED DIRECT CANDIDATE SUPPORT - FEDERAL ..... 0.00%  
 ESTIMATED DIRECT CANDIDATE SUPPORT - NON-FEDERAL ..... \$ 0.00

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT - FEDERAL ..... \$ 0.00 ..... 0.00%  
 ACTUAL DIRECT CANDIDATE SUPPORT - NON-FEDERAL ..... \$ 0.00

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

ESTIMATED DIRECT CANDIDATE SUPPORT - FEDERAL ..... 0.00%  
 ESTIMATED DIRECT CANDIDATE SUPPORT - NON-FEDERAL ..... 0.00%

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT - FEDERAL ..... \$ 0.00 ..... 0.00%  
 ACTUAL DIRECT CANDIDATE SUPPORT - NON-FEDERAL ..... \$ 0.00

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

1. PRESIDENT ..... (1 POINT) ..... 1
2. U.S. SENATE ..... (1 POINT) ..... 1
3. U.S. CONGRESS ..... (1 POINT) ..... 1
4. SUBTOTAL - FEDERAL (ADD 1, 2 AND 3) ..... 3
5. GOVERNOR ..... (1 POINT) ..... 0
6. OTHER STATEWIDE OFFICE(S) ..... (1 OR 2 POINTS) ..... 0
7. STATE SENATE ..... (1 POINT) ..... 0
8. STATE REPRESENTATIVE ..... (1 POINT) ..... 1
9. LOCAL CANDIDATES ..... (1 OR 2 POINTS) ..... 1
- 9A. EXTRA NON-FEDERAL POINT ..... (1 POINT) ..... 1
10. SUBTOTAL - NON-FEDERAL (ADD 5, 6, 7, 8, AND 9) ..... 3
11. TOTAL POINTS (LINE 4 PLUS LINE 10) ..... 6

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 11 ..... 50.00%

Exhibit "b"

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
New Jersey Republican State Committee		FROM 11/26/96	TO: 12/31/96	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A) .....	16,285.00	1,500,923.20	11(a)(i)
ii.	Unitemized .....	1,462.58	361,036.30	11(a)(ii)
iii.	Total .....	17,747.58	1,861,959.50	11(a)(iii)
b.	Political Party Committees .....	-0-	25,000.00	11(b)
c.	Other Political Committees (such as PACs) .....	2,000.00	46,000.00	11(c)
d.	Total Contributions .....	19,747.58	1,932,959.50	11(d)
12.	Transfers From Affiliated/Other Party Committees .....	-0-	596,829.15	12
13.	All Loans Received .....	-0-	-0-	13
14.	Loan Repayments Received .....	-0-	-0-	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	189.00	15,011.01	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	-0-	-0-	16
17.	Other Federal Receipts (Dividends, Interest, etc.) .....	-0-	-0-	17
18.	Transfers from Nonfederal Account for Joint Activity .....	197,478.16	2,403,854.69	18
19.	Total Receipts .....	217,414.74	4,948,724.35	19
20.	Total Federal Receipts .....	19,936.58	2,544,869.66	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share .....	71,649.29	1,807,668.45	21(a)(i)
ii.	Non-Federal Share .....	80,435.80	2,475,984.34	21(a)(ii)
b.	Other Federal Operating Expenditures .....	-0-	122,126.70	21(b)
c.	Total Operating Expenditures .....	152,085.09	4,405,779.49	21(c)
22.	Transfers to Affiliated/Other Party Committees .....	-0-	-0-	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	-0-	60,000.00	23
24.	Independent Expenditures (use Schedule E) .....	-0-	-0-	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	-0-	11,500.00	25
26.	Loan Repayments Made .....	-0-	-0-	26
27.	Loans Made .....	-0-	-0-	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees .....	9,200.00	41,495.00	28(a)
b.	Political Party Committees .....	-0-	-0-	28(b)
c.	Other Political Committees (such as PACs) .....	-0-	3,100.00	28(c)
d.	Total Contribution Refunds .....	9,200.00	44,595.00	28(d)
29.	Other Disbursements .....	-0-	337,516.56	29
30.	Total Disbursements .....	161,285.09	4,859,391.05	30
31.	Total Federal Disbursements .....	80,849.29	2,383,406.71	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d) .....	19,747.58	1,932,959.50	32
33.	Total Contribution Refunds (from line 28d) .....	9,200.00	44,595.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	10,547.58	1,888,364.50	34
35.	Total Federal Operating Expenditures .....	152,085.09	1,929,795.15	35
36.	Offsets to Operating Expenditures (from line 15) .....	189.00	15,011.01	36
37.	Net Operating Expenditures .....	151,896.09	1,914,784.14	37

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

### PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE New Jersey Democratic State Committee		REPORT COVERING PERIOD FROM 11/26/96 TO: 12/31/96	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)		\$7000.00	\$579274.15
ii. Unitemized		\$155.00	\$31403.52
iii. Total of contributions from individual	(add i and ii)	\$7165.00	\$610677.77
b. Political Party Committees		\$0.00	\$40324.44
c. Other Political Committees (such as PACs)		\$1021.46	\$191533.79
d. Total Contributions	(add a iii, b and c)	\$8186.46	\$842536.00
12. Transfers From Affiliated/Other Party Committees		\$6677.34	\$604169.04
13. All Loans Received		\$0.00	\$0.00
14. Loan Repayments Received		\$0.00	\$0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		\$3571.87	\$200043.42
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		\$0.00	\$167.00
17. Other Federal Receipts (Dividends, Interest, etc.)		\$120.12	\$1332.22
18. Transfers from Nonfederal Account for Joint Activity		\$48292.39	\$1330158.51
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$66848.18	\$2978406.19
20. Total Federal Receipts	(subtract line 18 from line 19)	\$18555.79	\$1648247.68
II. DISBURSEMENTS			
21. Operating Expenditures:			
a. Shared Federal/Non Federal Activity (from Schedule H4)			
i. Federal Share		\$39411.71	\$1602763.02
ii. Non-Federal Share		\$36599.23	44% \$1246494.75
b. Other Federal Operating Expenditures		\$521.46	\$61018.79
c. Total Operating Expenditures	(add a i, a ii, and b)	\$76532.40	\$2910276.56
22. Transfers to Affiliated/Other Party Committees		\$0.00	\$0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		\$0.00	\$44069.95
24. Independent Expenditures (use Schedule E)		\$0.00	\$0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))		\$0.00	\$41520.00
26. Loan Repayments Made		\$0.00	\$0.00
27. Loans Made		\$0.00	\$0.00
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		\$0.00	\$1600.00
b. Political Party Committees		\$0.00	\$0.00
c. Other Political Committees (such as PACs)		\$0.00	\$0.00
d. Total Contribution Refunds	(add a, b and c)	\$0.00	\$1600.00
29. Other Disbursements		\$0.00	\$181.25
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$76532.40	\$290667.71
31. Total Federal Disbursements	(subtract line 21 a ii from line 30)	\$39933.17	\$1751130.01
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		\$8186.46	\$842535.96
33. Total Contribution Refunds (from line 28d)		\$0.00	\$1600.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		\$8186.46	\$840935.96
35. Total Federal Operating Expenditures	(add 21 a i and 21 b)	\$39933.17	\$1663781.81
36. Offsets to Operating Expenditures (from line 15)		\$3571.87	\$200043.42
37. Net Operating Expenditures	(subtract line 36 from 35)	\$36261.30	\$1463738.39



Exhibit "C"

# FORM R-3

## RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION  
CN-185, TRENTON, NJ 08625-0185

PLEASE TYPE OR PRINT.

COMMITTEE NAME OR APPROVED ACRONYM

New Jersey Republican State Committee

ADDRESS (number and street) ☐ CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED

28 West State Street Ste 305

CITY, STATE and ZIP CODE

Trenton, NJ 08608

COMMITTEE TYPE

☐ CPC ☒ PPC ☐ LLC

CHECK IF:

☐ AMENDMENT

☐ FIRST REPORT FILED

FOR STATE USE ONLY

ELEC RECEIVED

JAN 15 1997.

ELEC IDENTIFICATION NUMBER

0000 0002 22 Q 96

REPORT QUARTER

☐ APR 15 ☐ JUL 15 ☐ OCT 15 ☒ JAN 15  
YEAR 96

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed.

### DEPOSITORY INFORMATION

PERIOD COVERED	FROM	THROUGH	COLUMN A THIS REPORT	COLUMN B CALENDAR YEAR-TO-DATE
	10-1-96	12-31-96		
1. CASH ON HAND, JANUARY 1, 96				919,354.32
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD			2,205,980.95	
3. MONETARY RECEIPTS (+)			1,148,370.76	5,019,205.07
4. SUBTOTAL			3,354,351.71	5,938,559.39
5. MONETARY EXPENDITURES (-)			1,824,813.62	4,409,021.30
6. CASH ON HAND, CLOSE OF REPORTING PERIOD			1,529,538.09	1,529,538.09

### NET FINANCIAL SUMMARY

7. CASH ON HAND, CLOSE OF REPORTING PERIOD	1,529,538.09
8. DEBT OWED TO COMMITTEE (+)	14,301.00
9. SUBTOTAL	1,543,839.09
10. DEBT OWED BY COMMITTEE (-)	80,435.80
11. TOTAL (Net Worth)	1,463,403.29

### TREASURER'S CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I am subject to punishment.

1-9-97

DATE

Thomas R. Wilson

PRINT NAME

28 West State Street Ste 305

ADDRESS

Trenton, NJ 08608

*Thomas R. Wilson*

SIGNATURE

(609) 989-7300

(AREA CODE) DAY TELEPHONE NUMBER

(609) 989-7300

(AREA CODE) EVENING TELEPHONE NUMBER

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

TABLE I RECEIPTS		COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS REPORT	CALENDAR YEAR-TO-DATE
1.	CONTRIBUTIONS, \$200 OR LESS	9,506.27	35,427.20
2.	CONTRIBUTIONS, MORE THAN \$200	1,177,182.50	4,945,699.66
3.	TOTAL (Add lines 1 and 2)	1,186,688.77	4,981,126.86
4.	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	72,060.00	91,260.00
5.	SUBTOTAL (Subtract line 4 from line 3)	1,114,628.77	4,889,866.86
OTHER RECEIPTS			
6.	REIMBURSEMENTS/REFUNDS	7,246.64	57,507.03
7.	DIVIDENDS/INTEREST	26,495.35	71,831.18
8.	LOANS RECEIVED BY COMMITTEE, \$200 OR LESS	-0-	-0-
9.	LOANS RECEIVED BY COMMITTEE, MORE THAN \$200	-0-	-0-
10.	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	1,148,370.76	5,019,205.07
11.	IN-KIND CONTRIBUTIONS, \$200 OR LESS	-0-	-0-
12.	IN-KIND CONTRIBUTIONS, MORE THAN \$200	5,500.00	45,338.97
13.	GROSS RECEIPTS (Add lines 10, 11 and 12)	1,153,870.76	5,064,544.04

TABLE II EXPENDITURES			
14.	OPERATING DISBURSEMENTS	1,200,328.84	3,181,167.74
	CONTRIBUTIONS (FROM THIS COMMITTEE) TO:		
15. a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-0-	-0-
b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-0-	-0-
c.	ALL OTHER CANDIDATES/COMMITTEES	91,600.00	683,600.00
	EXPENDITURES MADE ON BEHALF OF:		
16. a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	-0-	-0-
b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	-0-	-0-
c.	ALL OTHER CANDIDATES/COMMITTEES	532,884.78	544,253.56
17.	LOAN PAYMENTS	-0-	-0-
18.	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	1,824,813.62	4,409,021.30
19.	IN-KIND CONTRIBUTIONS, \$200 OR LESS	-0-	-0-
20.	IN-KIND CONTRIBUTIONS, MORE THAN \$200	5,500.00	45,338.97
21.	GROSS EXPENDITURES (Add lines 18 through 20)	1,830,313.62	4,454,360.27

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 1 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME AST Development Corp	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1428 Neptune Ave
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Beachwood, NJ 08722
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/11/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1500.00	AMOUNT(S) RECEIVED THIS PERIOD \$1500.00

CONTRIBUTOR NAME Air Power	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 113 Clinton Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Fairfield, NJ 07006
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/14/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

CONTRIBUTOR NAME Allan Industries, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 87 Hibernia Ave
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Rockaway, NJ 07866
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/08/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

CONTRIBUTOR NAME Allied Management	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 19 South Livingston Ave
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Livingston, NJ 07039
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/24/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$7500.00	AMOUNT(S) RECEIVED THIS PERIOD \$7500.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$16000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 2 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPERATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS,  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Jerome Amedeo	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 154 Meadowbrook Drive
OCCUPATION Owner	STATE USE ONLY	(CITY, STATE AND ZIP CODE) N. Plainfield, NJ 07062
EMPLOYER NAME Camp Harmony		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/31/96 \$960.00
RECEIPT DESCRIPTION (If In-Kind) Trans to Non-Fed	AGGREGATE YEAR-TO-DATE \$10960.00	

CONTRIBUTOR NAME K. Tucker Andersen	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 61 Above All Road
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Cornwall Bridge, CT 06754
EMPLOYER NAME Cumberland Assoc		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/24/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Bruce Anderson	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 813 Minsi Trail
OCCUPATION Partner	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Franklin Lakes, NJ 07417-2214
EMPLOYER NAME Welsh Carson		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/03/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Jerome Ansel	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 7626 Fenwick Place
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Boca Raton, FL 33434
EMPLOYER NAME Self employed		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/08/96 \$15000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$15000.00	

1. SUBTOTAL (Add all receipts listed on this page.)

\$25960.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 3 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPERATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Arnold & Porter Partners	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 555 Twelfth Street NW
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20004-1206
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/14/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$5000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Robert Asher	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 180 East Pearson St
OCCUPATION President	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Chicago, IL 60611
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/01/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Associated Surgical	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 261 James Street, Suite 2G
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Morristown, NJ 07960
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/07/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Audio Visual Dynamics	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8 Budd Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Morristown, NJ 07960
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/14/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$2000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$9000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

# ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No. 4 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPERATE ACCOUNT.)



MONETARY CONTRIBUTIONS



IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS



REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS



DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME John Bailye	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) PO Box 694
OCCUPATION Manager	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Bernardsville, NJ 07924-0694
EMPLOYER NAME Dendrite International		DATE(S) RECEIVED THIS PERIOD 10/24/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$3000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$3000.00	

CONTRIBUTOR NAME Herbert Barness	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) National Committeeman 975 Easton Road
OCCUPATION President	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Warrington, PA 18976
EMPLOYER NAME Barness Organization		DATE(S) RECEIVED THIS PERIOD 10/07/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Bayway Refining Company	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1400 Park Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Linden, NJ 07036
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/24/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$5000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$17500.00	

CONTRIBUTOR NAME Becton Dickinson and Co.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) One Becton Drive
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Franklin Lakes, NJ 07417
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/28/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$3000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$3000.00	

1. SUBTOTAL (Add all receipts listed on this page.) \$12000.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

<b>ITEMIZED RECEIPTS (Other than Loans)</b>	<b>SCHEDULE</b>	<b>Page No. 5 of 64</b>
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**PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.**

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

<input checked="" type="checkbox"/> <b>MONETARY CONTRIBUTIONS</b>	<input type="checkbox"/> <b>IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS</b>	<input type="checkbox"/> <b>REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS</b>	<input type="checkbox"/> <b>DIVIDENDS/ INTEREST</b>
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**FULL COMMITTEE NAME:** N.J. REPUBLICAN STATE COMMITTEE

**ACCOUNT NAME AND NUMBER:**

CONTRIBUTOR NAME Laureen F. Bedell	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 36 E. 10th Street
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10003
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD  11/06/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$250.00
		AGGREGATE YEAR-TO-DATE \$250.00

CONTRIBUTOR NAME Bergen Industrial Supply Co., Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 107 Ackerman Ave
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Elmwood Park, NJ 07407
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  11/14/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$1000.00
		AGGREGATE YEAR-TO-DATE \$1000.00

CONTRIBUTOR NAME Bergen-Passaic <i>OPTOMETRIC SOCIETY</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 195 S. Maple Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Ridgewood, NJ 07450
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/28/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$1000.00
		AGGREGATE YEAR-TO-DATE \$1000.00

CONTRIBUTOR NAME Berlin Court Apartments	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) ***NEED ADDRESS***
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/29/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$500.00
		AGGREGATE YEAR-TO-DATE \$500.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$2750.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	



## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 6 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Russell Berrie	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 510 Pricilla Lane
OCCUPATION President	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Englewood, NJ 07631-3123
EMPLOYER NAME RUSS BERRIE & CO., INC.		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/08/96 \$20000.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$20000.00	

CONTRIBUTOR NAME Biddle Sawyer Corp	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2 Penn Plaza
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10121
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/06/96 \$1000.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Blank, Rome, Comisky et al	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Four Penn Center Plaza
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Philadelphia, PA 19103
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/03/96 \$22000.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$22000.00	

CONTRIBUTOR NAME Bozell Worldwide, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) One Bridge Plaza Ste 300
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Fort Lee, NJ 07024
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/14/96 \$5000.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$48000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 7 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Braxton Associates, L.P.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1086 Teaneck Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Teaneck, NJ 07666
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/18/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$20000.00	AMOUNT(S) RECEIVED THIS PERIOD \$20000.00

CONTRIBUTOR NAME Cathy Brienza	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 32 E. 64th St., #7-W
OCCUPATION Investment Banker	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10021
EMPLOYER NAME Sutton Capitol Assoc		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/24/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$15000.00	AMOUNT(S) RECEIVED THIS PERIOD \$15000.00

CONTRIBUTOR NAME Bristol-Myers Squibb Co.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Route 206, P O Box 4000
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Princeton, NJ 08543
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/18/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	AMOUNT(S) RECEIVED THIS PERIOD \$25000.00

CONTRIBUTOR NAME Brujan, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Craftsmen Printers Russ Bischoff, General Manager 855
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Clifton, NJ 07012
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/06/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$61000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPERATE ACCOUNT)

<input checked="" type="checkbox"/> MONETARY CONTRIBUTIONS	<input type="checkbox"/> IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS	<input type="checkbox"/> REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS	<input type="checkbox"/> DIVIDENDS/ INTEREST
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FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Burlington County Republican Committee	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 223 High Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Mount Holly, NJ 08060
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/30/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$3640.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$3640.00

CONTRIBUTOR NAME CCGOP, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 900 Haddonfield Rd; Ste 1
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Cherry Hill, NJ 08002
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/30/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$480.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$480.00

CONTRIBUTOR NAME Campaign to Reelect Gloria Decker	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) for Mayor 161 Pickford Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Phillipsburg, NJ 08865
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/30/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$246.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$96.00

CONTRIBUTOR NAME Samuel Cannella	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Accurate Molding & Mfg Corp. 177 Gould Avenue
OCCUPATION Plastic Molder	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Paterson, NJ 07503
EMPLOYER NAME Accurate Molding & Mfg.		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/09/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind) Trans from Fed	AGGREGATE YEAR-TO-DATE \$1000.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$5216.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPERATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Capitol View Urban	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 150 W. State Street, Box 4571
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08611-0571
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/28/96 \$2000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	

CONTRIBUTOR NAME Car-Pac	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) PO Box 7121
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08628
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/17/96 \$96.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$6796.00	

CONTRIBUTOR NAME Car-Pac	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) PO Box 7121
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08628
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/24/96 \$200.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$6796.00	

CONTRIBUTOR NAME Carinya Holdings Company	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 694
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Bernardsville, NJ 07924-0694
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/24/96 \$2000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	

1. SUBTOTAL (Add all receipts listed on this page.)

\$4296.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 10 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Barbara Carolan	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 714 Great Rd
OCCUPATION Real Estate Agent	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Princeton, NJ 08540
EMPLOYER NAME John T. Henderson Inc		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/04/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

CONTRIBUTOR NAME Richard Carolan	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 63 Long Beach Blvd
OCCUPATION Retired	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Loveladies, NJ 08008
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/09/96
RECEIPT DESCRIPTION (If In-Kind) Trans from Fed	AGGREGATE YEAR-TO-DATE \$23800.00	AMOUNT(S) RECEIVED THIS PERIOD \$3500.00

CONTRIBUTOR NAME Richard Carolan	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 63 Long Beach Blvd
OCCUPATION Retired	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Loveladies, NJ 08008
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		12/05/96
RECEIPT DESCRIPTION (If In-Kind) Trans to Non Fed	AGGREGATE YEAR-TO-DATE \$23800.00	AMOUNT(S) RECEIVED THIS PERIOD \$300.00

CONTRIBUTOR NAME Tina Carolan	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 88 E. Main Street, Ste. 507
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Mendham, NJ 07945
EMPLOYER NAME retired		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/17/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	AMOUNT(S) RECEIVED THIS PERIOD \$10000.00

1. SUBTOTAL (Add all receipts listed on this page.) \$18800.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

**PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.**

**RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)**

<input checked="" type="checkbox"/> <b>MONETARY CONTRIBUTIONS</b>	<input type="checkbox"/> <b>IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS</b>	<input type="checkbox"/> <b>REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS</b>	<input type="checkbox"/> <b>DIVIDENDS/ INTEREST</b>
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**FULL COMMITTEE NAME:** N.J. REPUBLICAN STATE COMMITTEE

**ACCOUNT NAME AND NUMBER:**

CONTRIBUTOR NAME Russell Carson	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 138 East 65th Street
OCCUPATION Partner	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10021
EMPLOYER NAME Welsh Carson		DATE(S) RECEIVED THIS PERIOD  10/03/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$20000.00
		AGGREGATE YEAR-TO-DATE \$20000.00

CONTRIBUTOR NAME Castel Harlan, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 150 East 58th Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10155
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/24/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$5000.00
		AGGREGATE YEAR-TO-DATE \$5000.00

CONTRIBUTOR NAME Ciba Pharmaceuticals Div	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 556 Morris Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Summit, NJ 07901-1398
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  11/08/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$5000.00
		AGGREGATE YEAR-TO-DATE \$5000.00

CONTRIBUTOR NAME City Management Corporation	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3400 East Lafayette
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Detroit, MI 48207-3812
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  12/06/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$5000.00
		AGGREGATE YEAR-TO-DATE \$5000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$35000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 12 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Civic Involvement Program	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3044 West Grand Boulevard
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Detroit, MI 48202
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		12/13/96 \$2000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	

CONTRIBUTOR NAME Clinton Ford/Chry/Ply/Dodge	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Jeep/Eagle, Inc. Route 31 Box 4998
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Clinton, NJ 08809
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/11/96 \$500.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Committee for New <i>JERSEY</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1600 Smith Street, 50th Floor
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Houston, TX 77002
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/28/96 \$10000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	

CONTRIBUTOR NAME Connell Company	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 45 Cardinal Drive
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Westfield, NJ 07090
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/18/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$17500.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 13 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPERATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Consulting Engineers PAC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 66 Morris Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Springfield, NJ 07081
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/14/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$6100.00	AMOUNT(S) RECEIVED THIS PERIOD \$100.00

CONTRIBUTOR NAME Consulting Engineers PAC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 66 Morris Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Springfield, NJ 07081
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/14/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$6100.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Conti Construction Company Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3001 S. Clinton Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) South Plainfield, NJ 07080
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/29/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$20250.00	AMOUNT(S) RECEIVED THIS PERIOD \$250.00

CONTRIBUTOR NAME Conti Construction Company Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3001 S. Clinton Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) South Plainfield, NJ 07080
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/01/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$20250.00	AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$3350.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	



## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 14 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Conti Construction Company Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3001 S. Clinton Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) South Plainfield, NJ 07080
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/01/96 \$2000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$20250.00	

CONTRIBUTOR NAME Continental Airlines, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Nene Foxhall, Vice President PO Box 12788
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Houston, TX 77217-2788
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/18/96 \$10000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	

CONTRIBUTOR NAME Control Environmental Services, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 737 New Durham Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Edison, NJ 08817
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/08/96 \$250.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$250.00	

CONTRIBUTOR NAME Crummy, DelDeo, Dolan et al	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) One Riverfront Plaza
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Newark, NJ 07102
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		12/31/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25100.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$17250.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 15 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Dammann & Co., Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 20 Potash Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Oakland, NJ 07436
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/01/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Pierre De Saint Phalle	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8 Woodland Avenue
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Bronxville, NY 10708
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD 11/06/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$250.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$250.00	

CONTRIBUTOR NAME DeCotiis, Fitzpatrick & Gluck	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 500 Frank West Burr Blvd
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Teaneck, NJ 07666
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/28/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1500.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$26884.00	

CONTRIBUTOR NAME DeCotiis, Fitzpatrick & Gluck	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 500 Frank West Burr Blvd
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Teaneck, NJ 07666
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/28/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$384.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$26884.00	

1. SUBTOTAL (Add all receipts listed on this page.)

\$3134.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other Than Loans)

SCHEDULE

Page No. 16 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Stephen DePalma	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Schoor, DePalma, Inc. 200 State Highway Nine	
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Manalapan, NJ 07726	
EMPLOYER NAME Schoor, DePalma, Inc	DATE(S) RECEIVED THIS PERIOD 10/09/96		AMOUNT(S) RECEIVED THIS PERIOD \$400.00
EMPLOYER ADDRESS (NUMBER AND STREET) River's Edge 8 Navesink Avenue			
(CITY, STATE, AND ZIP CODE) Rumson, NJ 07760			
RECEIPT DESCRIPTION (If In-Kind) Trans from Fed		AGGREGATE YEAR-TO-DATE \$400.00	

CONTRIBUTOR NAME Dendrite International, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1200 Mt. Kemble Avenue	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Morristown, NJ 07960	
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD 10/03/96		AMOUNT(S) RECEIVED THIS PERIOD \$5000.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$20000.00	

CONTRIBUTOR NAME Thomas Denomme	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3162 Pine Lake Road	
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) West Bloomfield, MI 48324	
EMPLOYER NAME Chrysler	DATE(S) RECEIVED THIS PERIOD 12/12/96		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
EMPLOYER ADDRESS (NUMBER AND STREET) Chrysler 1000 Chrysler Drive			
(CITY, STATE, AND ZIP CODE) Auburn Hills, MI 48326-2766			
RECEIPT DESCRIPTION (If In-Kind) Trans to Non Fed		AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME David Dewhurst	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Five Post Oak Park Suite 1400	
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Houston, TX 77027	
EMPLOYER NAME Falcon Seaboard	DATE(S) RECEIVED THIS PERIOD 11/06/96		AMOUNT(S) RECEIVED THIS PERIOD \$2500.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$2500.00	

1. SUBTOTAL (Add all receipts listed on this page.)

\$8900.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 17 of 54

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Dewling Associates, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1605 Vauxhall Road	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Union, NJ 07083	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/24/96	AMOUNT(S) RECEIVED THIS PERIOD  \$100.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$2600.00	

CONTRIBUTOR NAME Charles Dolan	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) c/o William Frewin One Media Crossways	
OCCUPATION CEO/Chairman	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Woodbury, NY 11797	
EMPLOYER NAME Cablevision Systems		DATE(S) RECEIVED THIS PERIOD  11/01/96	AMOUNT(S) RECEIVED THIS PERIOD  \$20000.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$20000.00	

CONTRIBUTOR NAME Peter R. Douglas	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 328 East 51st Street	
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10024	
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD  11/06/96	AMOUNT(S) RECEIVED THIS PERIOD  \$250.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$250.00	

CONTRIBUTOR NAME Dow Chemical U S A	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) PO Box 2560	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Midland, MI 48667-2560	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  12/06/96	AMOUNT(S) RECEIVED THIS PERIOD  \$2000.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$2000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$22350.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME David Dreman	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 0698 Eppley Drive	
OCCUPATION Money Manager	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Aspen, CO 81611	
EMPLOYER NAME Dreman Value Advisor's		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/11/96	\$5000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00		

CONTRIBUTOR NAME Dubrow's	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 251 West Northfield Rd	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Livingston, NJ 07039	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/08/96	\$500.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$500.00		

CONTRIBUTOR NAME E L Associates, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8400 Baymeadows Way, Ste. 3	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Jacksonville, FL 32256-8248	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/18/96	\$10000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00		

CONTRIBUTOR NAME E.C. Fackler, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 642810	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Chicago, IL 60664-2810	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		12/06/96	\$5000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00		

1. SUBTOTAL (Add all receipts listed on this page.)

\$20500.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME E.F. Ross Company	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 80 Main Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) West Orange, NJ 07052
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/01/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME E.I. DuPont De Nemours & Co.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Room N9500-3 1007 Market Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Wilmington, DE 19898
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/30/96 \$480.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$4480.00	

CONTRIBUTOR NAME Ecolsciences, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 75 Fleetwood Drive Ste 250
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Rockaway, NJ 07866
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/11/96 \$500.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$500.00	

CONTRIBUTOR NAME Richard Edelman	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 277 West End Ave 4B
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10023
EMPLOYER NAME Researching		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/14/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

1. SUBTOTAL (Add all receipts listed on this page.) \$2980.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 20 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Mazhar Elamir	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 192 Harrison Avenue
OCCUPATION Doctor	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Jersey City, NJ 07304
EMPLOYER NAME self-employed		DATE(S) RECEIVED THIS PERIOD 12/05/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$500.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind) Trans to Non Fed	AGGREGATE YEAR-TO-DATE \$500.00	

CONTRIBUTOR NAME Wafaa Elamir	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 14 High Meadow Road
OCCUPATION Homemaker	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Saddle River, NJ 07458
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/06/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$10000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	

CONTRIBUTOR NAME Election Fund of Bob Prunetti	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1351 Kuser Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08619
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/29/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$96.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$446.00	

CONTRIBUTOR NAME Election Fund of Chuck Haytaian	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 268
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hackettstown, NJ 07840
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/17/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$960.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$960.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$11556.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME <i>Election Fund of Kip Bateman</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 69 West End Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Somerville, NJ 08876
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/18/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$200.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$700.00	

CONTRIBUTOR NAME <i>Election Fund of Paul DiGaetano</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) PO Box 9216
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Lyndhurst, NJ 07071
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/18/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$96.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$596.00	

CONTRIBUTOR NAME <i>Erv Associates, Inc</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Robert D'Anton 1428 Neptune Ave
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Beachwood, NJ 08722
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/11/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME <i>Eye Institute of New Jersey</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Bergen Medical Center One West Ridgewood Ave
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Paramus, NJ 07652
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/01/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$2500.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2500.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$3796.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	



## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Fagenson & Co., Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 19 Rector Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10006
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/17/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

CONTRIBUTOR NAME Federal Express PAC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2005 Corporate Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Memphis, TN 38132
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/07/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$4000.00	AMOUNT(S) RECEIVED THIS PERIOD \$4000.00

CONTRIBUTOR NAME John Ferolito	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 220 Hartshorn Drive
OCCUPATION Owner	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Short Hills, NJ 07078
EMPLOYER NAME Hornell Brewing Co.		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/08/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$15000.00	AMOUNT(S) RECEIVED THIS PERIOD \$15000.00

CONTRIBUTOR NAME Fidelco Group Investment Acct.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 225 Millburn Avenue, Ste. 202
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Millburn, NJ 07041
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/26/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$15000.00	AMOUNT(S) RECEIVED THIS PERIOD \$15000.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$36000.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

# ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 23 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Julie Finley	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) State Chairman 3221 Woodland Drive, NW	
OCCUPATION Housewife	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20008	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/15/96	AMOUNT(S) RECEIVED THIS PERIOD  \$5000.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$6000.00	

CONTRIBUTOR NAME Food Circus Super Markets, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Route 35 & Kings Highway East	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Middletown, NJ 07748	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/15/96	AMOUNT(S) RECEIVED THIS PERIOD  \$100.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$7520.00	

CONTRIBUTOR NAME Food Circus Super Markets, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Route 35 & Kings Highway East	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Middletown, NJ 07748	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/30/96	AMOUNT(S) RECEIVED THIS PERIOD  \$1920.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$7520.00	

CONTRIBUTOR NAME Food Circus Super Markets, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Route 35 & Kings Highway East	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Middletown, NJ 07748	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  11/01/96	AMOUNT(S) RECEIVED THIS PERIOD  \$3000.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$7520.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$10020.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Franklin Electronic Publishers	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) One Franklin Plaza
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Burlington, NJ 08016-4907
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		10/07/96 \$2000.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	

CONTRIBUTOR NAME Friends of Ernie Oros	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 44 Fanning Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Fords, NJ 08863
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		10/17/96 \$300.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$300.00	

CONTRIBUTOR NAME Friends of Jack Gibson	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 554 Pine Place, Box 775
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Marmora, NJ 08223
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		10/30/96 \$96.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$846.00	

CONTRIBUTOR NAME Fruscione Contracting Co.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 3245
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hamilton, NJ 08619
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE AND ZIP CODE)		10/28/96 \$1000.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$11000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$3396.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS
 ☐ IN KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME GOP Committee to <i>ELECT REPUBLICANS</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) in Gloucester County Attn: Michael Blowski P O Box 231	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE) Woodbury, NJ 08096	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD  10/30/96	AMOUNT(S) RECEIVED THIS PERIOD  \$1920.00
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-DATE \$11920.00	

CONTRIBUTOR NAME GOP Committee to <i>ELECT REPUBLICANS</i>		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) in Gloucester County Attn: Michael Blowski P O Box 231	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE) Woodbury, NJ 08096	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD  12/05/96	AMOUNT(S) RECEIVED THIS PERIOD  \$10000.00
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-DATE \$11920.00	

CONTRIBUTOR NAME Gale & Wentworth, Inc.		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 100 Campus Drive, Suite 300	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE) Florham Park, NJ 07932	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD  11/08/96	AMOUNT(S) RECEIVED THIS PERIOD  \$500.00
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-DATE \$2500.00	

CONTRIBUTOR NAME Gale & Wentworth, Inc.		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 100 Campus Drive, Suite 300	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE) Florham Park, NJ 07932	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD  11/08/96	AMOUNT(S) RECEIVED THIS PERIOD  \$2000.00
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-DATE \$2500.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$14420.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Richard Gelb	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1060 5th Avenue
OCCUPATION Chairman	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10021
EMPLOYER NAME Bristol Mayer Squibb		DATE(S) RECEIVED THIS PERIOD 10/07/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$5000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Richard Gilder	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 912 5th Avenue
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10021
EMPLOYER NAME Gilder, Carbone & Howe		DATE(S) RECEIVED THIS PERIOD 10/11/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$10000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	

CONTRIBUTOR NAME Virginia Gilder	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 21 East Eleventh Street
OCCUPATION Investor	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10003-4449
EMPLOYER NAME Self		DATE(S) RECEIVED THIS PERIOD 10/08/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$20000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$20000.00	

CONTRIBUTOR NAME Global Exhibition Services, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 700 Atlantic Ave
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Brooklyn, NY 11217
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/06/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$2000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$37000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 27 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Michael Goldberg	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 320 Park Ave 24th Floor
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10022
EMPLOYER NAME Kelson & Co		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/24/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	\$5000.00

CONTRIBUTOR NAME Arthur F. Golden	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 72 St. George Lane
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New Canaan, CT 06840
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/06/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$250.00	\$250.00

CONTRIBUTOR NAME Ronald Gravino	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 225
OCCUPATION Consultant	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Colonia, NJ 07067
EMPLOYER NAME Self employed		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) Pamic International 23 Progress Street		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE) Edison, NJ 08820		12/05/96
RECEIPT DESCRIPTION (If In-Kind) Trans to Non Fed	AGGREGATE YEAR-TO-DATE \$400.00	\$400.00

CONTRIBUTOR NAME Gordon Gund	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 14 Nassau Street P O Box 449
OCCUPATION CEO	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Princeton, NJ 08542-4523
EMPLOYER NAME Gund Investment		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) Gund Investment Corp. 14 Nassau Street		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE) Princeton, NJ 08542		10/09/96
RECEIPT DESCRIPTION (If In-Kind) Trans from Fed	AGGREGATE YEAR-TO-DATE \$20000.00	\$5000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$10650.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 28 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Liura Gund	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 14 Nassau Street Box 449
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Princeton, NJ 08542
EMPLOYER NAME Homemaker		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/18/96 \$20000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$20000.00	

CONTRIBUTOR NAME Haks Engineers, P.C.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1180 Raymond Blvd, Ste 225
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Newark, NJ 07102
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/30/96 \$96.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1096.00	

CONTRIBUTOR NAME Cheryl Halpern	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 42 Rockledge Drive
OCCUPATION Investments	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Livingston, NJ 07039
EMPLOYER NAME Self employed		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE) Livingston, NJ 07039		10/09/96 \$200.00
RECEIPT DESCRIPTION (If In-Kind) Trans from Fed	AGGREGATE YEAR-TO-DATE \$7700.00	

CONTRIBUTOR NAME Robert L. Heckart	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 60 E. 88th Street
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10128
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/06/96 \$250.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$250.00	

1. SUBTOTAL (Add all receipts listed on this page.) \$20546.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 29 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Charles Heimbold	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Bristol Myers Co. 345 Park Avenue, Ste. 4459	
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10154-0001	
EMPLOYER NAME Bristol-Meyers		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/17/96	\$5000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE		
	\$5000.00		

CONTRIBUTOR NAME Hertz Corporation	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 225 Brae Boulevard	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Park Ridge, NJ 07656	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		12/13/96	\$1000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE		
	\$1000.00		

CONTRIBUTOR NAME Herbert Hobler	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 295 Mercer Road	
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Princeton, NJ 08540	
EMPLOYER NAME Passport Comm.		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/17/96	\$5000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE		
	\$5000.00		

CONTRIBUTOR NAME William Ingram	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 32 East 64th Street	
OCCUPATION Investment Banker	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10021	
EMPLOYER NAME Sutton Capitol Assoc		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		12/05/96	\$2000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind) Trans to Non Fed	AGGREGATE YEAR-TO-DATE		
	\$2000.00		

1. SUBTOTAL (Add all receipts listed on this page.)	\$13000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	



## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 30 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Interested Merchants PAC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 332 W. State Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08618
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		12/06/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$18000.00	\$15000.00

CONTRIBUTOR NAME International Mass Retail Association	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1700 N. Moore Street Suite 2250
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Arlington, VA 22200
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		12/06/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	\$1000.00

CONTRIBUTOR NAME Investment Managemen	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 434 Exton Commons
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Exton, PA 19341
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/21/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	\$1000.00

CONTRIBUTOR NAME Jacobs Engineering Group	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 251 South Lake Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Pasadena, CA 91101
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/08/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	\$2000.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$19000.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 31 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Jamieson, Moore, Peskin, et al	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 300 Alexander Park
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Princeton, NJ 08540-5276
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/30/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$11250.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

CONTRIBUTOR NAME Jenny Engineering Corp., Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2 Edison Place
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Springfield, NJ 07081
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/17/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2096.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$96.00

CONTRIBUTOR NAME J. Seward Johnson	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 550
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Princeton, NJ 08540
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/17/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$25000.00

CONTRIBUTOR NAME Johnson & Johnson Employees Good Gov PAC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) One Johnson & Johnson Plaza WH-6233
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New Brunswick, NJ 08933
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/15/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$3000.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$32096.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 32 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Johnson & Johnson Employees Good Gov PAC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) One Johnson & Johnson Plaza WH-6233
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New Brunswick, NJ 08933
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/18/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$3000.00	

CONTRIBUTOR NAME Johnson & Johnson Services, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) One Johnson & Johnson Plaza
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New Brunswick, NJ 08933
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		12/17/96 \$10000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	

CONTRIBUTOR NAME Joseph D. Kaplan & Son	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 70 North Montgomery St
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08608
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/01/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Steven Kalafer	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8 Coach 'n Four Lane
OCCUPATION President	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Annandale, NJ 08801
EMPLOYER NAME Ditschman/Flemington Ford		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) Ditschman/Flemington Ford Route 202, Box 1007		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE) Flemington, NJ 08822		10/24/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$21000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No. 33 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Dennis Karpf	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Counsellor at Law 176 Route 70	
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Medford, NJ 08055	
EMPLOYER NAME Self employed		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/30/96	\$96.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$221.00	

CONTRIBUTOR NAME E Kay	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3 Isabella Place	
OCCUPATION President	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Glen Rock, NJ 07452	
EMPLOYER NAME Manhattan Drug Co., Inc		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/06/96	\$1000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Keane, Brady & Burns	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 574 Summit Avenue	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Jersey City, NJ 07306	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/30/96	\$288.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$288.00	

CONTRIBUTOR NAME Keller & Kirkpatrick	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 900 Lanidex Plaza	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Parsippany, NJ 07054	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/11/96	\$1000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$3096.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$2384.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 34 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Keller & Kirkpatrick	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 900 Lanidex Plaza	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Parsippany, NJ 07054	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/30/96	AMOUNT(S) RECEIVED THIS PERIOD  \$96.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$3096.00	

CONTRIBUTOR NAME Henry L. King	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 115 E. 67th Street	
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10021	
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD  11/06/96	AMOUNT(S) RECEIVED THIS PERIOD  \$250.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$250.00	

CONTRIBUTOR NAME Karin Day Kingsley	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 141 West 87th Street	
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10024	
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD  11/06/96	AMOUNT(S) RECEIVED THIS PERIOD  \$250.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$250.00	

CONTRIBUTOR NAME Kmart Corporation	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3100 West Big Beaver Road	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Troy, MI 48084	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  12/30/96	AMOUNT(S) RECEIVED THIS PERIOD  \$19500.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$25000.00	

1. SUBTOTAL (Add all receipts listed on this page.)

\$20096.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 35 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Peter C. Kornman	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 55 E. 86th Street Apt. 15A
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10028
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/05/96 \$250.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$250.00	

CONTRIBUTOR NAME Henry Kravis	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 625 Park Avenue
OCCUPATION Financial Advisor	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10021-6545
EMPLOYER NAME KKR		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/01/96 \$10000.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	

CONTRIBUTOR NAME LS Transit Systems, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1515 Broad Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Bloomfield, NJ 07003
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/24/96 \$192.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$2192.00	

CONTRIBUTOR NAME Susan Landmesser	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8 Oak Forest Lane
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Mendham, NJ 07945-9560
EMPLOYER NAME Homemaker		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/24/96 \$5000.00
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

1. SUBTOTAL (Add all receipts listed on this page.) \$15442.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 36 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Lehigh Valley Dairies	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) James Schrorber 880 Allentown Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Lansdale, PA 19446
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/11/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Ogden Lewis	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 955 Lexington Avenue
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10021
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/06/96 \$250.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$250.00	

CONTRIBUTOR NAME Lomell, Muccifori et al	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 250 Washington Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Toms River, NJ 08753
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/25/96 \$384.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$784.00	

CONTRIBUTOR NAME Lomell, Muccifori et al	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 250 Washington Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Toms River, NJ 08753
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/08/96 \$200.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$784.00	

1. SUBTOTAL (Add all receipts listed on this page.)

\$5834.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 37 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Lowe McAdams	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1740 Broadway
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10019
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/26/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

CONTRIBUTOR NAME Lum, Danzis, Drasco et al	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 103 Eisenhower Parkway
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Roseland, NJ 07068
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/28/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$4384.00	AMOUNT(S) RECEIVED THIS PERIOD \$384.00

CONTRIBUTOR NAME MWW Strategic Communications	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) One Meadowlands Plaza
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) East Rutherford, NJ 07073
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		12/30/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$11000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Earle Mack	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 370 West Passaic
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Rochelle Park, NJ 07662
EMPLOYER NAME The Mack Company		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/11/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$4500.00	AMOUNT(S) RECEIVED THIS PERIOD \$4500.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$7884.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)



## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No. 38 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Maitra Associates, P.C.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 465 Union Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Somerville, NJ 08807
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/24/96
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$7192.00	AMOUNT(S) RECEIVED THIS PERIOD \$192.00

CONTRIBUTOR NAME Manning Salvage & Lee	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 79 Madison Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10016
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/14/96
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

CONTRIBUTOR NAME Lydia Mark	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 11 Meadow Lane
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Monsey, NY 10952
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/06/96
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$250.00	AMOUNT(S) RECEIVED THIS PERIOD \$250.00

CONTRIBUTOR NAME Robert Mazer	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 940 Brittany Rd
OCCUPATION Director	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Highland Park, IL 60035-3950
EMPLOYER NAME Chicago White Socks		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/24/96
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$6442.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS,  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME John Mc Crane	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 645 Fifth Ave., Ste. 903	
OCCUPATION Businessman	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10022	
EMPLOYER NAME Self employed	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/04/96	\$15000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$15000.00	

CONTRIBUTOR NAME Thomas McInerney	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 525 E 72nd Street	
OCCUPATION Partner	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10021	
EMPLOYER NAME Welsh Carsen	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/04/96	\$1000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$6000.00	

CONTRIBUTOR NAME Thomas McInerney	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 525 E 72nd Street	
OCCUPATION Partner	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10021	
EMPLOYER NAME Welsh Carsen	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/31/96	\$5000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind) Trans		AGGREGATE YEAR-TO-DATE \$6000.00	

CONTRIBUTOR NAME McKinley Associates, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 320 N. Main Street	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Ann Arbor, MI 48107-8649	
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		12/06/96	\$1000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$1000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$22000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Meadowlands Mills LLC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3000 K Street NW
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20007
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/01/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$35000.00	AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

CONTRIBUTOR NAME Meadowlands Mills LLC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3000 K Street NW
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20007
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/18/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$35000.00	AMOUNT(S) RECEIVED THIS PERIOD \$15000.00

CONTRIBUTOR NAME Mercer County Republican	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Capitol Club Attn: Mr. John Hansbury 1351 Kuser Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hamilton, NJ 08619
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/30/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1200.00	AMOUNT(S) RECEIVED THIS PERIOD \$200.00

CONTRIBUTOR NAME Merck & Co	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Mr. Ronnie Coleman Sumneytown Pike P.O. Box 4 (WP39
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) West Point, PA 19486
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/11/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$15000.00	AMOUNT(S) RECEIVED THIS PERIOD \$15000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$35200.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 41 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Clifford Michel	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) St. Bernard's Road P O Box 449	
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Gladstone, NJ 07934-0449	
EMPLOYER NAME Cahill Gordon and Reindel		DATE(S) RECEIVED THIS PERIOD 10/07/96	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
EMPLOYER ADDRESS (NUMBER AND STREET) Cahill, Gordon & Reindel 80 Pine Street			
(CITY, STATE, AND ZIP CODE) New York, NY 10005			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$2000.00	

CONTRIBUTOR NAME Modern Moire Corp	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Ernie Innoconti 14 Doty Road	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Haskell, NJ 07420	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/01/96	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Monmouth Ocean County <i>Optometrists</i>	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 15 Union Avenue	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Lakehurst, NJ 08733	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/28/96	AMOUNT(S) RECEIVED THIS PERIOD \$500.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$500.00	

CONTRIBUTOR NAME Morton's Restaurant	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3333 New Hyde Park Road, Ste. 210	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New Hyde Park, NY 11042	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/18/96	AMOUNT(S) RECEIVED THIS PERIOD \$5000.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$5000.00	

1. SUBTOTAL (Add all receipts listed on this page.) \$7500.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

**PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.**

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

<input checked="" type="checkbox"/> <b>MONETARY CONTRIBUTIONS</b>	<input type="checkbox"/> <b>IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS</b>	<input type="checkbox"/> <b>REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS</b>	<input type="checkbox"/> <b>DIVIDENDS/ INTEREST</b>
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**FULL COMMITTEE NAME:** N.J. REPUBLICAN STATE COMMITTEE

**ACCOUNT NAME AND NUMBER:**

<b>CONTRIBUTOR NAME</b> Scott Muller	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 20 Magnolia Parkway
<b>OCCUPATION</b> Attorney	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Chevy Chase, MD 20815
<b>EMPLOYER NAME</b> Davis Polk & Wardwell		<b>DATE(S) RECEIVED THIS PERIOD</b>  11/06/96
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		
<b>(CITY, STATE, AND ZIP CODE)</b>		
<b>RECEIPT DESCRIPTION (if In-Kind)</b>		<b>AMOUNT(S) RECEIVED THIS PERIOD</b>  \$250.00
		<b>AGGREGATE YEAR-TO-DATE</b> \$250.00

<b>CONTRIBUTOR NAME</b> NJ CPA PAC	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 425 Eagle Rock Avenue
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Roseland, NJ 07068
<b>EMPLOYER NAME</b>		<b>DATE(S) RECEIVED THIS PERIOD</b>  11/18/96
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		
<b>(CITY, STATE, AND ZIP CODE)</b>		
<b>RECEIPT DESCRIPTION (if In-Kind)</b>		<b>AMOUNT(S) RECEIVED THIS PERIOD</b>  \$384.00
		<b>AGGREGATE YEAR-TO-DATE</b> \$5384.00

<b>CONTRIBUTOR NAME</b> NJ Federation of Republican Women	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> Theresa Nagel, President 4 Elyar Trance
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Middletown, NJ 07748
<b>EMPLOYER NAME</b>		<b>DATE(S) RECEIVED THIS PERIOD</b>  10/10/96
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		
<b>(CITY, STATE, AND ZIP CODE)</b>		
<b>RECEIPT DESCRIPTION (if In-Kind)</b>		<b>AMOUNT(S) RECEIVED THIS PERIOD</b>  \$2500.00
		<b>AGGREGATE YEAR-TO-DATE</b> \$2500.00

<b>CONTRIBUTOR NAME</b> NRF Political Education Fund	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 325 7th Street, NW, Suite 1000
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Washington, DC 20004
<b>EMPLOYER NAME</b>		<b>DATE(S) RECEIVED THIS PERIOD</b>  12/13/96
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		
<b>(CITY, STATE, AND ZIP CODE)</b>		
<b>RECEIPT DESCRIPTION (if In-Kind)</b>		<b>AMOUNT(S) RECEIVED THIS PERIOD</b>  \$5000.00
		<b>AGGREGATE YEAR-TO-DATE</b> \$5000.00

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>	<b>\$8134.00</b>
<b>2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)</b>	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME National Association of Chain	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Drug Stores Attn: Mr. S. Lawrence Kocot PO Box 1417-D4
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Alexandria, VA 22313
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		12/13/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	
	\$5000.00	

CONTRIBUTOR NAME National Republican Senatorial Committee	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 245 Second Street, NE
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20002
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/01/96 \$40000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	
	\$100000.00	

CONTRIBUTOR NAME National Republican Senatorial Committee	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 245 Second Street, NE
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20002
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/01/96 \$60000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	
	\$100000.00	

CONTRIBUTOR NAME New Jersey Hospital Assoc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 760 Alexander Rd., CN 1
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Princeton, NJ 08543-0001
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/18/96 \$480.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	
	\$480.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$105480.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME New Plan Realty Trust	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1120 Avenue of the Americas
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10036
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/07/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	\$1000.00

CONTRIBUTOR NAME Norris, McLaughlin & Marcus	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 1018
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Somerville, NJ 08876
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/07/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	\$5000.00

CONTRIBUTOR NAME Northwest Airlines	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Detroit Metro Airport North Terminal Mezzanine
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Detroit, MI 48242
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		12/06/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	\$1000.00

CONTRIBUTOR NAME OENJ Corporation	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1000 Kapkowski Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Elizabeth, NJ 07201
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/17/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$20096.00	\$96.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$7096.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 45 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME PSExec PAC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 7 Claire Lane	DATE(S) RECEIVED THIS PERIOD  12/30/96	AMOUNT(S) RECEIVED THIS PERIOD  \$6000.00
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hamilton, NJ 08690		
EMPLOYER NAME				
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$6100.00			

CONTRIBUTOR NAME Parsons Brinckerhoff Quade etal	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) One Penn Plaza	DATE(S) RECEIVED THIS PERIOD  10/28/96	AMOUNT(S) RECEIVED THIS PERIOD  \$960.00
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10119		
EMPLOYER NAME				
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$960.00			

CONTRIBUTOR NAME Passaic Cty Reg. Republican Org.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 300 Route 46 East	DATE(S) RECEIVED THIS PERIOD  10/29/96	AMOUNT(S) RECEIVED THIS PERIOD  \$1920.00
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Totowa, NJ 07512		
EMPLOYER NAME				
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$1920.00			

CONTRIBUTOR NAME Penny & Edmonds	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1155 Avenue of the Americas	DATE(S) RECEIVED THIS PERIOD  11/18/96	AMOUNT(S) RECEIVED THIS PERIOD  \$5000.00
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10036		
EMPLOYER NAME				
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (if In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00			

1. SUBTOTAL (Add all receipts listed on this page.)

\$13880.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)



## ITEMIZED RECEIPTS (Other Than Loans)

SCHEDULE

Page No. 46 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Peridot Chemical Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 100 Alexander Ave
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Pompton Plains, NJ 07444
EMPLOYER NAME		
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$750.00	DATE(S) RECEIVED THIS PERIOD 11/26/96 AMOUNT(S) RECEIVED THIS PERIOD \$750.00

CONTRIBUTOR NAME Pfizer, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 235 E 42nd Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10017
EMPLOYER NAME		
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$15000.00	DATE(S) RECEIVED THIS PERIOD 10/11/96 AMOUNT(S) RECEIVED THIS PERIOD \$15000.00

CONTRIBUTOR NAME Pharmachem Laboratories, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 130 Wesley St
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) South Hackensack, NJ 07606
EMPLOYER NAME		
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	DATE(S) RECEIVED THIS PERIOD 11/14/96 AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Philip Fritze & Son Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 10 School Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Whippany, NJ 07981
EMPLOYER NAME		
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1500.00	DATE(S) RECEIVED THIS PERIOD 11/08/96 AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

1. SUBTOTAL (Add all receipts listed on this page.) \$17750.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 47 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Picco, Herbert Kennedy	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 50 W. State Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08608
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/30/96 \$96.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2096.00	

CONTRIBUTOR NAME Plumstead Township Republican Club	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) **** NO ADDRESS ****
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/10/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Ply Gem Industries	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 777 Third Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10017
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/04/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Policy Management Communications	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 428 River View Plaza
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08611
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/11/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$15075.00	

1. SUBTOTAL (Add all receipts listed on this page.)

\$11096.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 48 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Heinz Prechter	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) C/O ASC Inc 1 Heritage Place Ste 400	
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Southgate, MI 48195	
EMPLOYER NAME ASC, Inc		DATE(S) RECEIVED THIS PERIOD  12/30/96	AMOUNT(S) RECEIVED THIS PERIOD  \$5000.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Princeton Economic	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 214 Carnegie Center	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Princeton, NJ 08540	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/17/96	AMOUNT(S) RECEIVED THIS PERIOD  \$25000.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$25000.00	

CONTRIBUTOR NAME Pro Chevrolet Cadillac Geo	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1464 Route 31	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Annandale, NJ 08801	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/11/96	AMOUNT(S) RECEIVED THIS PERIOD  \$500.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Samuel Pryor	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 10 Broad Brook Road	
OCCUPATION lawyer	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Bedford Hills, NY 10507	
EMPLOYER NAME self-employed		DATE(S) RECEIVED THIS PERIOD  11/06/96	AMOUNT(S) RECEIVED THIS PERIOD  \$250.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$250.00	

1. SUBTOTAL (Add all receipts listed on this page.) \$30750.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Quaker Capital L.P.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1202 Laurel Oak Road, Ste. 105
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Voorhees, NJ 08043
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/08/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$15000.00	AMOUNT(S) RECEIVED THIS PERIOD \$15000.00

CONTRIBUTOR NAME R. Berman Development Co., LLC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 150 West State Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08608
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/07/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$3000.00	AMOUNT(S) RECEIVED THIS PERIOD \$3000.00

CONTRIBUTOR NAME Arnold Reiter	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2 North Bayard Lane P O Box 915
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Mahwah, NJ 07430
EMPLOYER NAME Self employed		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/18/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$500.00	AMOUNT(S) RECEIVED THIS PERIOD \$500.00

CONTRIBUTOR NAME Reliance Vitamin Co., Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Mr. Frank G. Vigeant 185B Industrial Pkwy
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Branchburg, NJ 08876
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/04/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$19500.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 50 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Remington & Vernick, Engineers	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 223 Kings Highway East
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Haddonfield, NJ 08033-1909
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/30/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	AMOUNT(S) RECEIVED THIS PERIOD \$25000.00

CONTRIBUTOR NAME Richard A. Alaimo Associates	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 200 High Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Mount Holly, NJ 08060
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/17/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$21000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Rogers & Wells	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 200 Park Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10166
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/06/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	AMOUNT(S) RECEIVED THIS PERIOD \$10000.00

CONTRIBUTOR NAME Russo & Russo, P.C.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 901 Teaneck Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Teaneck, NJ 07666
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/18/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$500.00	AMOUNT(S) RECEIVED THIS PERIOD \$500.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$36500.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☐ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Sand Hill Associates 1 Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1428 Neptune Ave
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Beachwood, NJ 08722
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/11/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Sandoz Pharmaceutica	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 59 Route 10
OCCUPATION Pres & Chief Exec Officer	STATE USE ONLY	(CITY, STATE AND ZIP CODE) East Hanover, NJ 07936
EMPLOYER NAME SANDOZ PHARMACEUTICALS CORP.		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) SANDOZ PHARMACEUTICALS CORP. Rte. 10		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE) East Hanover, NJ 07936		11/18/96 \$2000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$4000.00	

CONTRIBUTOR NAME Schering Corporation	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2000 Galloping Hill Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Kenilworth, NJ 07033
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/18/96 \$20000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$20000.00	

CONTRIBUTOR NAME William Schreyer	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 117 Mercer St
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Princeton, NJ 08540
EMPLOYER NAME retired		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/01/96 \$10000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	

1. SUBTOTAL (Add all receipts listed on this page.)

\$33000.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE Page No. 52 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Scozzari Builders Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 243 Lawrenceville Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Lawrenceville, NJ 08648
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/17/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Shanley & Fisher	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 131 Madison Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Morristown, NJ 07960
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/08/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$13000.00	AMOUNT(S) RECEIVED THIS PERIOD \$3000.00

CONTRIBUTOR NAME Sher Distributing Co., Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8 Vreeland Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Totowa, NJ 07512
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		12/06/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$500.00	AMOUNT(S) RECEIVED THIS PERIOD \$500.00

CONTRIBUTOR NAME Silver Line	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 6029 1 Silver Line Drive
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) North Brunswick, NJ 08902-6029
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/11/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$15000.00	AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$9500.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 53 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Geri Skirkanich	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 10 Club Way	
OCCUPATION Investment Banker	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Rumson, NJ 07760	
EMPLOYER NAME Renard Partners		DATE(S) RECEIVED THIS PERIOD  12/05/96	AMOUNT(S) RECEIVED THIS PERIOD  \$5000.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind) Trans to Non Fed		AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Bradley Smith	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 42 Sterling Road	
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Harrison, NY 10528	
EMPLOYER NAME Davis Polk & Wardwell		DATE(S) RECEIVED THIS PERIOD  11/06/96	AMOUNT(S) RECEIVED THIS PERIOD  \$250.00
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$250.00	

CONTRIBUTOR NAME Clifford Sobel	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 40 Dorison Drive	
OCCUPATION Owner	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Short Hills, NJ 07078	
EMPLOYER NAME Bon-Art		DATE(S) RECEIVED THIS PERIOD  10/03/96	AMOUNT(S) RECEIVED THIS PERIOD  \$25000.00
EMPLOYER ADDRESS (NUMBER AND STREET) Bon-Art 99 Evergreen Avenue			
(CITY, STATE, AND ZIP CODE) Newark, NJ 07114			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$25000.00	

CONTRIBUTOR NAME Somerset County	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Executive Committee Attn: Mr. Dale Florio 1 West High St	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Somerville, NJ 08876	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  11/26/96	AMOUNT(S) RECEIVED THIS PERIOD  \$10934.50
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$10934.50	

1. SUBTOTAL (Add all receipts listed on this page.)	\$41184.50
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	



## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

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PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Sonia's Casual Corp.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 311 Mountain Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Union City, NJ 07087
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/17/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$6000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME State Troopers Frat. Assoc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2634 Highway 70
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Manasquan, NJ 08736
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/25/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1392.00	AMOUNT(S) RECEIVED THIS PERIOD \$192.00

CONTRIBUTOR NAME State Troopers Superior	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Officers Assoc. Inc. Attn: Mr. Walter Kowal PO Box 9136
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08650
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/17/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$417.00	AMOUNT(S) RECEIVED THIS PERIOD \$192.00

CONTRIBUTOR NAME Dorothy Straight	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 518 E. Passaic Avenue
OCCUPATION Retired	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Bloomfield, NJ 07003
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/15/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1400.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$2384.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

# ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 55 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS

☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS

☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS

☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Sudler & Hennessey	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1083 Broadway
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10019
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/14/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Summit PAC (NJ)	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 150 West State Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08608
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/03/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$200.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2584.00	

CONTRIBUTOR NAME Summit PAC (NJ)	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 150 West State Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08608
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/07/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$2000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2584.00	

CONTRIBUTOR NAME Summit PAC (NJ)	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 150 West State Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08608
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/18/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$384.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2584.00	

1. SUBTOTAL (Add all receipts listed on this page.)

\$3584.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 56 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS- REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS- INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Sussex County Republican Comm.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Post Office Box 425
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Newton, NJ 07860
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		12/06/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2120.00	AMOUNT(S) RECEIVED THIS PERIOD \$1920.00

CONTRIBUTOR NAME The Gale Wentworth Dillon Group LLC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 1091
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Bedminster, NJ 07921
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/08/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

CONTRIBUTOR NAME Thermal Service of NJ Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) PO Box 6554
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Edison, NJ 08818
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/08/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Town & Country Buying Service	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8 Spring Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Flemington, NJ 08822
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/17/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$4292.00	AMOUNT(S) RECEIVED THIS PERIOD \$192.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$5112.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 57 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Travel Forum, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 590 Union Blvd
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Totowa, NJ 07512
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/06/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

CONTRIBUTOR NAME Helen Trilling	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3503 Morrison St NW
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20015
EMPLOYER NAME Hogen & Hartson		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/14/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$500.00	AMOUNT(S) RECEIVED THIS PERIOD \$500.00

CONTRIBUTOR NAME Tuscan	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 750 Union Ave
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Union, NJ 07083
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/11/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

CONTRIBUTOR NAME UM Holding, Ltd.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 200
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Haddonfield, NJ 08033
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/18/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

1. SUBTOTAL (Add all receipts listed on this page.)

\$9500.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 58 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Union County Republican Committee	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 511 North Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Garwood, NJ 07027
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/01/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$46000.00	AMOUNT(S) RECEIVED THIS PERIOD \$46000.00

CONTRIBUTOR NAME United Retail, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 365 W. Passaic Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Rochelle Park, NJ 07662-6503
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/18/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	AMOUNT(S) RECEIVED THIS PERIOD \$10000.00

CONTRIBUTOR NAME University of Medicine & Dentistry	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Univeristy Heights 202 Administration Complex 30 Bergen
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Newark, NJ 07107-3000
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/08/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$4000.00	AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

CONTRIBUTOR NAME Uptown Limited Liability Co	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) c/o Elwyn Wittenborn 34 Brandon Rd
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Lawrenceville, NJ 08648
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/17/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1192.00	AMOUNT(S) RECEIVED THIS PERIOD \$192.00

1. SUBTOTAL (Add all receipts listed on this page.) \$58192.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE Page No. 59 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Uptown Limited Liability Co	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) c/o Elwyn Wittenborn 34 Brandon Rd
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Lawrenceville, NJ 08648
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/17/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	
	\$1192.00	

CONTRIBUTOR NAME VIP Contractors, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2461 Iorio St
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Union, NJ 07083
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/01/96 \$4000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	
	\$4000.00	

CONTRIBUTOR NAME Vast-NJ Barnegat, L.L.C.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Robert D'Anton 1428 Neptune Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Beachwood, NJ 08722
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/11/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	
	\$1000.00	

CONTRIBUTOR NAME Vast-NJ Princeton Gate Assoc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Robert D'Anton 1428 Neptune Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Beachwood, NJ 08722
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/11/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	
	\$1000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$7000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No. 60 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Wachovia	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 100 North Main Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Winston Salem, NC 27150-7111
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/18/96 \$10000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	

CONTRIBUTOR NAME Wakefern Food Corporation	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 600 York Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Elizabeth, NJ 07207
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/25/96 \$192.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$4304.00	

CONTRIBUTOR NAME Walkers Run LLC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Syd Sussman 1621 No Olden Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08638
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/01/96 \$2500.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2500.00	

CONTRIBUTOR NAME Warner-Lambert Company	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 201 Tabor Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Morris Plains, NJ 07950
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/14/96 \$10000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	

1. SUBTOTAL (Add all receipts listed on this page.) \$22692.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 61 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Waters & Bugbee, Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 314 Dickinson Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08638
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/08/96 \$600.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$20600.00	

CONTRIBUTOR NAME Waters, McPherson, McNeill	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 300 Lighting Way
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Secaucus, NJ 07096
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/15/96 \$15000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25500.00	

CONTRIBUTOR NAME Thomas Weck	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 100 Halsted Street
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) East Orange, NJ 07019
EMPLOYER NAME Louis Berger & Assoc.		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) Louis Berger International 100 Halsted Street		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE) East Orange, NJ 07019		10/11/96 \$2000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$3250.00	

CONTRIBUTOR NAME Jane Weitzman	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 169 Taconic Road
OCCUPATION Homemaker	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Greenwich, CT 06831
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/06/96 \$750.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$750.00	

1. SUBTOTAL (Add all receipts listed on this page.) \$18350.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)



## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE Page No. 62 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Stephen West	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 42 Old Wood Road	
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Bernardsville, NJ 07924-2011	
EMPLOYER NAME Sullivan & Cromwell	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) Sullivan & Cromwell 125 Broad Street	10/04/96		\$5000.00
(CITY, STATE, AND ZIP CODE) New York, NY 00000			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00		

CONTRIBUTOR NAME Westinghouse	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1447 Chestnut Avenue	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hillside, NJ 07205	
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)	11/01/96		\$2000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00		

CONTRIBUTOR NAME Whelan Financial Group, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 218 Barclay Pavilion East Route 70 East	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Cherry Hill, NJ 08034	
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)	10/21/96		\$1500.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$3500.00		

CONTRIBUTOR NAME John Whitehead	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 65 E. 55th Street	
OCCUPATION Chairman	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10022	
EMPLOYER NAME AEA Investors Inc	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)	10/24/96		\$10000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00		

1. SUBTOTAL (Add all receipts listed on this page.)

\$18500.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

## ITEMIZED RECEIPTS (Other Than Loans)

SCHEDULE

Page No. 63 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Charles Whitman	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 450 Lexington Avenue	
OCCUPATION Attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10017	
EMPLOYER NAME Davis Polk & Wardwell	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)	11/06/96		\$1000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00		

CONTRIBUTOR NAME William R. Deeter	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 350 South Main Street Suite 213	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Doylestown, PA 18901	
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)	11/14/96		\$250.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$250.00		

CONTRIBUTOR NAME Michael Willner	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 377 Lydecker Street	
OCCUPATION Executive	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Englewood, NJ 07631	
EMPLOYER NAME Insegott Communications	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)	10/24/96		\$5000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00		

CONTRIBUTOR NAME Zdenek Horvath & Scebelo-MSO	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P O Box 2300	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Flemington, NJ 08822-2300	
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)	10/11/96		\$2000.00
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00		

1. SUBTOTAL (Add all receipts listed on this page.)	\$8250.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

# ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No. 64 of 64

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)



NONCASH CONTRIBUTIONS



EX-GRATIA CONTRIBUTIONS - EXPENDITURES MADE BY OTHERS



REIMBURSEMENTS / REVENUES OF DISBURSEMENTS



DIVIDENDS / INTEREST

COMMITTEE NAME: New Jersey Republican State Committee

ACCOUNT NAME and NUMBER:

CONTRIBUTOR NAME

STATE USE ONLY

CONTRIBUTOR ADDRESS (NUMBER AND STREET)

Modern Electric

71 Crooks Avenue

OCCUPATION

STATE USE ONLY

(CITY, STATE AND ZIP CODE)

Clifton, NJ 07010

EMPLOYER NAME

DATE(S) RECEIVED  
THIS PERIOD

AMOUNT(S) RECEIVED  
THIS PERIOD

EMPLOYER ADDRESS (NUMBER AND STREET)

(CITY, STATE AND ZIP CODE)

RECEIPT DESCRIPTION (If Is-Ised)

AGGREGATE YEAR-TO-DATE

500.00

11-06-96

500.00

CONTRIBUTOR NAME

STATE USE ONLY

CONTRIBUTOR ADDRESS (NUMBER AND STREET)

OCCUPATION

STATE USE ONLY

(CITY, STATE AND ZIP CODE)

EMPLOYER NAME

DATE(S) RECEIVED  
THIS PERIOD

AMOUNT(S) RECEIVED  
THIS PERIOD

EMPLOYER ADDRESS (NUMBER AND STREET)

(CITY, STATE AND ZIP CODE)

RECEIPT DESCRIPTION (If Is-Ised)

AGGREGATE YEAR-TO-DATE

CONTRIBUTOR NAME

STATE USE ONLY

CONTRIBUTOR ADDRESS (NUMBER AND STREET)

OCCUPATION

STATE USE ONLY

(CITY, STATE AND ZIP CODE)

EMPLOYER NAME

DATE(S) RECEIVED  
THIS PERIOD

AMOUNT(S) RECEIVED  
THIS PERIOD

EMPLOYER ADDRESS (NUMBER AND STREET)

(CITY, STATE AND ZIP CODE)

RECEIPT DESCRIPTION (If Is-Ised)

AGGREGATE YEAR-TO-DATE

CONTRIBUTOR NAME

STATE USE ONLY

CONTRIBUTOR ADDRESS (NUMBER AND STREET)

OCCUPATION

STATE USE ONLY

(CITY, STATE AND ZIP CODE)

EMPLOYER NAME

DATE(S) RECEIVED  
THIS PERIOD

AMOUNT(S) RECEIVED  
THIS PERIOD

EMPLOYER ADDRESS (NUMBER AND STREET)

(CITY, STATE AND ZIP CODE)

RECEIPT DESCRIPTION (If Is-Ised)

AGGREGATE YEAR-TO-DATE

1. SUBTOTAL (Add all receipts listed on this page.)

500.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

1,177,182.50

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE

Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)

☐ MONETARY CONTRIBUTIONS
 ☒ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☐ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Kmart Corporation	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3100 West Big Beaver Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Troy, MI 48084
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		12/30/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	AMOUNT(S) RECEIVED THIS PERIOD \$5500.00

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	AMOUNT(S) RECEIVED THIS PERIOD

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	AMOUNT(S) RECEIVED THIS PERIOD

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	AMOUNT(S) RECEIVED THIS PERIOD

1. SUBTOTAL (Add all receipts listed on this page.)

\$5500.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

\$5500.00

# ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C Page No. 1 of 7

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds.				
Connie Adams 6800 Amherst Avenue Margate, NJ 08402	Reim for Food for Town Mtg	\$88.77	12/12/96	7188
Philip Angarone 26 Apollo Drive Yardville, NJ 08620	Reim for Mtg Exp	\$131.44	11/14/96	7164
Atlantic City Sub Shops NEED ADDRESS	Food for Town Meeting	\$580.00	12/13/96	7190
James Badenhause 1301 Swanston Drive Sacramento, CA 95818	Reimburse for Travel Exp	\$446.00	12/09/96	7184
Gary Berner 442 Wilson Ave Lyndhurst, NJ 07071	Election Day Employment	\$75.00	11/12/96	7157
Linda Burns 97 Henderickson Ave Edgewater Park, NJ 08010	Election Day Employment	\$75.00	12/31/96	7201
Capitol Copy 116 West State Street Trenton, NJ 08608	Governor's Christmas Cards	\$8780.77	12/13/96	7189
Jack Conway 24 Manor Lane Morris Plains, NJ 07950-1520	Election Day Employment	\$75.00	11/12/96	7155
David J. Murray & Associates, Inc. 741 Alexander Road Princeton, NJ 08540	Consulting	\$12156.20	10/29/96	7131
Harriet Derman 34 Rayle Court Metuchen, NJ 08840	Reim for Mtg Exp	\$50.00	11/15/96	7167
Dugan & Holmes PO Box 7185 Hackettstown, NJ 07840	Tent Rental	\$5650.00	10/17/96	7056

1. SUBTOTAL OF DISBURSEMENTS (This Page)

\$28108.18

2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)

## ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE

Page No. 2 of 7

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds.				
Anrdes Fernandez 81 Delancy St Newark, NJ 07105	Election Day Employment	\$75.00	11/12/96	7159
Beth Fischer 30 Easton Road Apt 615 New Brunswick, NJ 08901	Election Day Employment	\$75.00	12/06/96	7180
Frank B. Holman Associates 128 W. State Street Trenton, NJ 08608	Consulting Fees	\$5000.00	11/14/96	7162
Frank B. Holman Associates 128 W. State Street Trenton, NJ 08608	Consulting Fees	\$5000.00	12/23/96	7194
GIL Travel 1511 Walnut Street Philadelphia, PA 19102	Travel Expense	\$2140.00	10/25/96	7122
John Gavaghan c/o The State House 125 W State Street Trenton, NJ 08608	Travel Exp Reimbursed	\$53.93	12/31/96	7203
John Gomez 561 35th Street Union City, NJ 07087	Election Day Employment	\$75.00	11/12/96	7153
Beccy Hance P O Box 41, Hollow Brook Road Pottersville, NJ 07979	Reim of Office Supplies	\$111.39	10/02/96	7034
Holly Havens 306 N Union Street Lambertville, NJ 08530-1508	Election Day Employment	\$75.00	11/12/96	7154
Frank Holman 288 Whitesville Road Jackson, NJ 08527	Consulting Fees	\$5000.00	10/18/96	7064
Holmes Party & Pool Rental 643 Bloomfield Ave Verona, NJ 07044	Equip Rental Gov's Party	\$2107.39	10/11/96	7041
1. SUBTOTAL OF DISBURSEMENTS (This Page)		\$19712.71		
2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)				

ITEMIZED OPERATING DISBURSEMENTS		SCHEDULE C	Page No. 3 of 7	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.				
USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT				
FULL COMMITTEE NAME:		N.J. REPUBLICAN STATE COMMITTEE		
ACCOUNT NAME AND NUMBER:				
PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds.				
William Ihle 923 North Edinburgh Ave Los Angeles, CA 90046	Reim for Travel Exp	\$301.00	11/14/96	7165
Imagineering Audio Visuals Inc. 130 Ryerson Ave., Unit 123 Wayne, NJ 07470	Sound Stage Production	\$3005.00	10/11/96	7045
Imagineering Audio Visuals Inc. 130 Ryerson Ave., Unit 123 Wayne, NJ 07470	Sound Stage Production	\$350.00	11/19/96	7169
Jet America Box 135 Springfield, VA 22150-0135	Governor's Travel	\$3454.00	10/30/96	7136
Joseph Makrancy's Flower Shop 966 Kuser Road Trenton, NJ 08619	Flowers for Gov Party	\$2500.00	10/11/96	7039
Don Kelly 413 Second St Belvidere, NJ 07623	Election Day Employment	\$75.00	11/12/96	7158
Linz Photography 1800 Route 9, Store 5 Toms River, NJ 08755	Photos	\$654.36	10/13/96	7046
M&B Associates 14-16 Thomas J. Rhodes Ind. Dr Hamilton, NJ 08619	Governor's Christmas Cards	\$59.50	12/17/96	7193
Makrancy's Greenhouse and Floral 966 Kuser Road Trenton, NJ 08619	Flowers	\$94.00	12/06/96	7181
Makrancy's Greenhouse and Floral 966 Kuser Road Trenton, NJ 08619	Decorations & Flowers	\$1378.00	12/30/96	7197
Media Ad Ventures 8401 Hampton Way Fairfax, VA 22039-2738	Governor's Media	\$150000.00	12/10/96	Wire
1. SUBTOTAL OF DISBURSEMENTS (This Page)		\$161870.86		
2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)				

ITEMIZED OPERATING DISBURSEMENTS		SCHEDULE	Page No. 4 of 7	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT				
FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE				
ACCOUNT NAME AND NUMBER:				
PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds.				
Gerald Michael 5 Merkling Street Swedesboro, NJ 08085-1262	Election Day Employment	\$75.00	12/06/96	7179
Million Air 485 Industrial Ave Teterboro, NJ 07608	Governor's Travel Exp	\$7289.12	10/11/96	7037
Million Air 485 Industrial Ave Teterboro, NJ 07608	Governor's Travel	\$3461.70	12/13/96	7192
Million Air 485 Industrial Ave Teterboro, NJ 07608	Governor's Travel Exp	\$5412.86	12/31/96	7199
Tim Moore 16 Baggeley Rd Hamilton Square, NJ 08690	Election Day Employment	\$75.00	11/12/96	7156
The Murphy Pintak Gautier Agency, Inc. Attn: Mike Murphy & Cliff Pintak 7601 Mc Lean, VA 22102-2815	Governor's Media Production	\$8456.97	10/14/96	7047
The Murphy Pintak Gautier Agency, Inc. Attn: Mike Murphy & Cliff Pintak 7601 Mc Lean, VA 22102-2815	Governor's Media Exp	\$10125.00	10/30/96	7138
The Murphy Pintak Gautier Agency, Inc. Attn: Mike Murphy & Cliff Pintak 7601 Mc Lean, VA 22102-2815	Consulting Fees	\$6000.00	11/19/96	7172
The Murphy Pintak Gautier Agency, Inc. Attn: Mike Murphy & Cliff Pintak 7601 Mc Lean, VA 22102-2815	Consulting Fees	\$6000.00	12/06/96	7177
The Murphy Pintak Gautier Agency, Inc. Attn: Mike Murphy & Cliff Pintak 7601 Mc Lean, VA 22102-2815	Governor's Media Purchase	\$6775.15	12/23/96	7195
NJ Division 20 W State St Trenton, NJ 08608	Research Docs	\$16.50	10/30/96	7134
1. SUBTOTAL OF DISBURSEMENTS (This Page)		\$53687.30		
2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)				



# ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE

Page No. 5 of 7

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
* Legislative Leadership Committees - See instructions concerning permissible uses of funds.				
NJ ELEC 28 W. State Street Trenton, NJ 08608	Research Docs	\$11.85	10/23/96	7091
NJ ELEC 28 W. State Street Trenton, NJ 08608	Compliance Regulations	\$28.50	12/30/96	7196
NJRSC-Federal 28 W. State St., Suite 305 Trenton, NJ 08608	Trans to Fed for Opr Exp	\$195118.06	10/09/96	7036
NJRSC-Federal 28 W. State St., Suite 305 Trenton, NJ 08608	Trans to Fed for Opr Exp	\$421652.14	10/21/96	7073
NJRSC-Federal 28 W. State St., Suite 305 Trenton, NJ 08608	Trans to Fed for Opr Exp	\$69144.91	10/21/96	7074
NJRSC-Federal 28 W. State St., Suite 305 Trenton, NJ 08608	Trans to Fed for Opr Exp	\$197478.16	12/09/96	7183
Nassau Street Seafood & Produce Co 256 Nassau Street Princeton, NJ 08542	Catering Gov's Party	\$22045.00	10/11/96	7040
Newman Data Services 30 Galesi Drive Suite 206 Wayne, NJ 07470	Printing	\$3796.20	11/27/96	7174
Jack Piper 103 Collins Ave Pleasantville, NJ 08232	Election Day Employment	\$75.00	11/12/96	7160
Sandy Rayser 508 Austin Ave Barrington, NJ 08007	Election Day Employment	\$75.00	11/19/96	7170
Jayne Rebovich 131 Burlington Path Road Cream Ridge, NJ 08514	Travel Exp Reimbursed	\$157.00	12/31/96	7204

1. SUBTOTAL OF DISBURSEMENTS (This Page)

\$909581.8

2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)

ITEMIZED OPERATING DISBURSEMENTS		SCHEDULE C	Page No. 6 of 7	
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT				
FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE				
ACCOUNT NAME AND NUMBER:				
PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds.				
Service America 111 West Harbor Drive San Diego, CA 92101	Governor's Convention Exp	\$405.35	12/31/96	7200
Summit Bank Bank Card Dept 4th Floor 214 Main Street Hackensack, NJ 07602	Credit Card Fees	\$23.00	11/12/96	Wire
Summit Bank Bank Card Dept 4th Floor 214 Main Street Hackensack, NJ 07602	Travel Exp	\$2105.95	11/14/96	7166
Summit Bank 150 West State Street Trenton, NJ 08608	November Credit Card Fees	\$23.00	12/09/96	Wire
Trec-t/a Advanced Computer Concepts, Inc. Attn: Ms. Pam Mastronardy 808 Lowell Toms River, NJ 08753	List	\$595.00	10/02/96	7032
Becky Taylor 125 West State Street CN001 2nd Floor Trenton, NJ 08625	Travel Exp Reimbursed	\$19.25	12/31/96	7205
The Benson Hotel 309 SW Broadway at Oak Portland, OR 97205	Governor's Travel	\$513.07	10/30/96	7135
State of New Jersey Dept of Community Affairs CN 801 Trenton, NJ 08625-0801	Travel Exp	\$700.00	10/25/96	7121
State of New Jersey Dept of Community Affairs CN 801 Trenton, NJ 08625-0801	Research Docs	\$40.30	11/13/96	7161
State of New Jersey Dept of Community Affairs CN 801 Trenton, NJ 08625-0801	Salary Reimbursement	\$518.88	12/06/96	7175
State of New Jersey Dept of Community Affairs CN 801 Trenton, NJ 08625-0801	Governor's Travel Exp	\$9967.77	12/06/96	7176
1. SUBTOTAL OF DISBURSEMENTS (This Page)		\$14911.57		
2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)				

## ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C Page No. 7 of 7

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

FULL COMMITTEE NAME: N.J. REPUBLICAN STATE COMMITTEE

ACCOUNT NAME AND NUMBER:

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE •	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds.				
US Postmaster-New Brunswick New Brunswick, NJ	Coalition Postage	\$489.65	10/25/96	7123
US Postmaster Trenton Trenton, NJ 08608	Stamps	\$3200.00	11/20/96	7173
VMS 330 W 42nd Street New York, NY 10036	Video Tape Purchase	\$155.00	10/11/96	7042
Christabel Vartanian 401 Fowler Road Far Hills, NJ 07931	Reim for Supplies	\$314.45	10/02/96	7035
Christabel Vartanian 401 Fowler Road Far Hills, NJ 07931	Reimburse for Expenses	\$31.59	10/14/96	7048
Maggie Villane 100 Parker Road Eatontown, NJ 07724	Reimb for Meeting Supplies	\$31.34	12/13/96	7191
Robert Vivian 827 Lamberts Mill Road Westfield, NJ 07090	Election Day Employment	\$75.00	12/06/96	7178
Jason Volk 4 Beverly Drive Belle Mead, NJ 08502	Reimb for Travel Exp	\$236.40	12/11/96	7186
WTB Enterprises 623 Westfield Avenue Elizabeth, NJ 07208	Gov Misc Exp	\$68.00	10/11/96	7044
Warr Enterprises 1143 Cronton Road Flemington, NJ 08822	Staging Exp	\$2755.00	10/02/96	7033
White House Writers Group 1511 K Street Ste 500 Washington, DC 20005	Governor's Political Exp	\$5100.00	12/31/96	7206
1. SUBTOTAL OF DISBURSEMENTS (This Page)		\$12456.43		
2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)		\$1200328.62		

Exhibit "D"

## FORM R-3

## RECEIPTS AND EXPENDITURES QUARTERLY REPORT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

CN-185, TRENTON, NJ 08625-0185

PLEASE TYPE OR PRINT.

FOR STATE USE ONLY

ELEC RECEIVED

JAN 15 1997

4 DUPLICATE

COMMITTEE NAME OR APPROVED ACRONYM

New Jersey Democratic State Committee

ADDRESS (number and street) ☐ CHECK IF DIFFERENT YEAR PREVIOUSLY REPORTED

150 West State Street

CITY, STATE and ZIP CODE

Trenton, NJ 08608

ELEC IDENTIFICATION NUMBER

Q0000-0001-11-096

COMMITTEE TYPE

☐ CRC ☒ PPC ☐ LLC

CHECK IF:

☐ AMENDMENT☐ FIRST REPORT FILED

REPORT QUARTER

☐ APR 15 ☐ JUL 16 ☐ OCT 15 ☒ JAN 15  
YEAR 1997

Do not attempt to complete the "Depository Information" or the "Net Financial Summary" until the appropriate schedules have been completed.

## DEPOSITORY INFORMATION

COLUMN A

COLUMN B

PERIOD COVERED

FROM

10/23/96

THROUGH

12/31/96

THIS REPORT

CALENDAR  
YEAR-TO-DATE

1. CASH ON HAND, JANUARY 1, 1996

\$92879.48

2. CASH ON HAND, BEGINNING OF REPORTING PERIOD

\$154867.26

3. MONETARY RECEIPTS

(+)

\$560661.59

\$1786672.41

4. SUBTOTAL

\$715528.85

\$1879551.89

5. MONETARY EXPENDITURES

(-)

\$711617.57

\$1875640.61

6. CASH ON HAND, CLOSE OF REPORTING PERIOD

\$3911.28

\$3911.28

## NET FINANCIAL SUMMARY

7. CASH ON HAND, CLOSE OF REPORTING PERIOD

\$3911.28

8. DEBT OWED TO COMMITTEE

(+)

\$17248.99

9. SUBTOTAL

\$21160.27

10. DEBT OWED BY COMMITTEE

(-)

(\$ 176847.66)

11. TOTAL (Net Worth)

\$-155687.39

## TREASURER'S CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I am subject to punishment.

DATE

1/15/97

PRINT NAME

PAUL GARCIA

SIGNATURE

Paul Garcia

150 West State Street

ADDRESS

609-392-3367

(AREA CODE) DAY TELEPHONE NUMBER

Trenton, NJ 08608

(AREA CODE) EVENING TELEPHONE NUMBER

TABLE I RECEIPTS		COLUMN A	COLUMN B
	MONETARY RECEIPTS	THIS PERIOD	CALENDAR YEAR-TO-DATE
1.	CONTRIBUTIONS \$200 OR LESS	\$250.00	\$2870.00
2.	CONTRIBUTIONS, MORE THAN \$200	\$571608.70	\$1660819.28
3.	TOTAL (Add lines 1 and 2)	\$571858.70	\$1663689.28
4.	REFUND OF EXCESSIVE CONTRIBUTIONS (ADJUSTMENT SCHEDULE) (-)	\$15000.00	\$15000.00
5.	SUBTOTAL (Subtract line 4 from line 3)	\$556858.70	\$1648689.28
OTHER RECEIPTS			
6.	REIMBURSEMENTS/REFUNDS	\$3414.93	\$57861.17
7.	DIVIDENDS/INTEREST	\$387.96	\$2330.83
8.	LOANS RECEIVED BY COMMITTEE, \$200 OR LESS	\$0.00	\$0.00
9.	LOANS RECEIVED BY COMMITTEE, MORE THAN \$200	\$0.00	\$0.00
10.	TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	\$560661.59	\$1708881.28
11.	IN-KIND CONTRIBUTIONS, \$200 OR LESS	\$0.00	\$235.00
12.	IN-KIND CONTRIBUTIONS, MORE THAN \$200	\$942.16	\$11037.35
13.	GROSS RECEIPTS (Add Lines 10, 11 and 12)	\$561603.75	\$1720153.63

TABLE II EXPENDITURES			
14.	OPERATING DISBURSEMENTS	\$450732.57	\$1479979.41
CONTRIBUTIONS (FROM THIS COMMITTEE) TO:			
15. a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	\$0.00	\$0.00
b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	\$0.00	\$0.00
c.	ALL OTHER CANDIDATES/COMMITTEES	\$260885.00	\$395661.20
EXPENDITURES MADE ON BEHALF OF:			
16. a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	\$0.00	\$0.00
b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	\$0.00	\$0.00
c.	ALL OTHER CANDIDATES/COMMITTEES	\$0.00	\$0.00
17.	LOAN PAYMENTS	\$0.00	\$0.00
18.	TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	\$711617.57	\$1875640.61
19.	IN-KIND CONTRIBUTIONS, \$200 OR LESS	\$0.00	\$235.00
20.	IN-KIND CONTRIBUTIONS, MORE THAN \$200	\$942.16	\$11037.35
21.	GROSS EXPENDITURES (Add Lines 18 through 20)	\$712559.73	\$1886912.96

COMMITTEE NAME:

## BANK ACCOUNT INFORMATION

1. NAME OF BANK

SUMMIT BANK

(AREA CODE) TELEPHONE NUMBER  
609-695-1100

MAILING ADDRESS

150 West State Street

CITY, STATE, ZIP CODE

Trenton, New Jersey 08608

ACCOUNT NAME

NJDCS Campaign '96 Non-Federal Account

ACCOUNT NUMBER  
906708885

OPENING BALANCE THIS PERIOD

\$115256.46

DEPOSITS THIS PERIOD

\$549697.24

DISBURSEMENTS THIS PERIOD

\$656600.18

CLOSING BALANCE THIS PERIOD

\$8353.52

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME

ACCOUNT NUMBER

OPENING BALANCE THIS PERIOD

DEPOSITS THIS PERIOD

DISBURSEMENTS THIS PERIOD

CLOSING BALANCE THIS PERIOD

2. NAME OF BANK

Same As Above

(AREA CODE) TELEPHONE NUMBER

MAILING ADDRESS

CITY, STATE, ZIP CODE

ACCOUNT NAME

NJDCS Operating Account

ACCOUNT NUMBER

906701325

OPENING BALANCE THIS PERIOD

\$3099.86

DEPOSITS THIS PERIOD

\$51151.63

DISBURSEMENTS THIS PERIOD

\$34287.13

CLOSING BALANCE THIS PERIOD

\$19964.36

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME

NJDCS Asset Management Account

ACCOUNT NUMBER

906702097

OPENING BALANCE THIS PERIOD

\$58866.25

DEPOSITS THIS PERIOD

\$49848.10

DISBURSEMENTS THIS PERIOD

\$80532.76

CLOSING BALANCE THIS PERIOD

\$28181.59

## OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

☐

Investment Institution Money Market Account

☐

Bonds

☐

Certificate of Deposit (C.D.)

☐

Stocks

☐

Mutual Fund Account

☐

Real Property

☐

Other (please specify) \_\_\_\_\_

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, contact the Commission.

1. NAME OF DEPOSITORY OR ISSUER

(AREA CODE) TELEPHONE NUMBER

MAILING ADDRESS

CITY, STATE, ZIP CODE

ACCOUNT NAME

ACCOUNT NUMBER

## TYPE OF ASSET:

☐

MONEY MARKET

☐

C.D.

☐

MUTUAL FUND

☐

BONDS

☐

STOCKS

☐

OTHER (specify) \_\_\_\_\_

VALUE OF ASSET AT PURCHASE, IF APPLICABLE

DATE OF MATURITY, IF APPLICABLE

OPENING BALANCE THIS PERIOD

DEPOSITS THIS PERIOD

DISBURSEMENTS THIS PERIOD

CLOSING BALANCE THIS PERIOD

# DEPOSITORY SUMMARY

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

COMMITTEE NAME:

## BANK ACCOUNT INFORMATION

1. NAME OF BANK

NATIONS BANK

(AREA CODE) TELEPHONE NUMBER

MAILING ADDRESS

730 15th Street, NW

CITY, STATE, ZIP CODE

Washington, DC 20005

ACCOUNT NAME

Victory Fund Non-Federal #1

ACCOUNT NUMBER

1933049483

OPENING BALANCE THIS PERIOD

\$16100.00

DEPOSITS THIS PERIOD

\$29350.00

DISBURSEMENTS THIS PERIOD

\$45450.00

CLOSING BALANCE THIS PERIOD

0

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME

ACCOUNT NUMBER

OPENING BALANCE THIS PERIOD

DEPOSITS THIS PERIOD

DISBURSEMENTS THIS PERIOD

CLOSING BALANCE THIS PERIOD

2. NAME OF BANK

(AREA CODE) TELEPHONE NUMBER

MAILING ADDRESS

CITY, STATE, ZIP CODE

ACCOUNT NAME

ACCOUNT NUMBER

OPENING BALANCE THIS PERIOD

DEPOSITS THIS PERIOD

DISBURSEMENTS THIS PERIOD

CLOSING BALANCE THIS PERIOD

If the committee has more than one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME

ACCOUNT NUMBER

OPENING BALANCE THIS PERIOD

DEPOSITS THIS PERIOD

DISBURSEMENTS THIS PERIOD

CLOSING BALANCE THIS PERIOD

## OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

☐  
☐  
☐  
☐

Investment Institution Money Market Account  
Certificate of Deposit (C.D.)  
Mutual Fund Account  
Other (please specify) \_\_\_\_\_

☐  
☐  
☐

Bonds  
Stocks  
Real Property

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, contact the Commission.

1. NAME OF DEPOSITORY OR ISSUER

(AREA CODE) TELEPHONE NUMBER

MAILING ADDRESS

CITY, STATE, ZIP CODE

ACCOUNT NAME

ACCOUNT NUMBER

## TYPE OF ASSET:

☐

MONEY MARKET

☐

C.D.

☐

MUTUAL FUND

☐

BONDS

☐

STOCKS

☐

OTHER (specify) \_\_\_\_\_

VALUE OF ASSET AT PURCHASE, IF APPLICABLE

DATE OF MATURITY, IF APPLICABLE

OPENING BALANCE THIS PERIOD

DEPOSITS THIS PERIOD

DISBURSEMENTS THIS PERIOD

CLOSING BALANCE THIS PERIOD



## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

1 of 20

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME AadvancZed Mailing Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1245 Virginia Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Elizabeth, NJ 07208-3005
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/23/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Americans for Better Living	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) PO Box 2626
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Cherry Hill, NJ 08034-0219
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/23/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00	AMOUNT(S) RECEIVED THIS PERIOD \$10000.00

CONTRIBUTOR NAME Belances Food Corp.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 310 Audobon Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10033
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/23/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Century 21 Atlantic Realty, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 325 East Westfield Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Roselle Park, NJ 07204
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/23/96
RECEIPT DESCRIPTION (If In-Kind) joint fundraiser	AGGREGATE YEAR-TO-DATE \$2000.00	AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$14000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☒ MONETARY CONTRIBUTIONS ☐ IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS ☐ REIMBURSEMENTS/REFUNDS OF DISBURSEMENTS ☐ DIVIDENDS/INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Committee for Senator McGreevey	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2 Spencer Ave.
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Colonia, NJ 07067
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/23/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$11500.00	

CONTRIBUTOR NAME Monmouth County Democrats	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) IEI Building Room 23 Airport Plaza Route 36
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hazlet, NJ 07730
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/23/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$4000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$8609.20	

CONTRIBUTOR NAME Passaic County Democrats	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 840 Van Houten Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Clifton, NJ 07013
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/23/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1100.00	

CONTRIBUTOR NAME Hownan Investment Co.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 290 Westwind Court
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Norwood, NJ 07648
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/23/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

1. SUBTOTAL (Add all receipts listed on this page.) \$7000.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

**PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.**

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

<input checked="" type="checkbox"/> <b>MONETARY CONTRIBUTIONS</b>	<input type="checkbox"/> <b>IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS</b>	<input type="checkbox"/> <b>REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS</b>	<input type="checkbox"/> <b>DIVIDENDS/ INTEREST</b>
---	--	--	---

**FULL COMMITTEE NAME:** New Jersey Democratic State Comm.

**ACCOUNT NAME AND NUMBER:**

CONTRIBUTOR NAME Am. Soc. of Composers, Authors & Pubs.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Ms. Marilyn Bergman, President One Lincoln Plaza
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10023
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/23/96  AMOUNT(S) RECEIVED THIS PERIOD  \$500.00
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$500.00

CONTRIBUTOR NAME Roizman Development Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Suite 5 919 E. Germantown Pike
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Norristown, PA 19401
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/23/96  AMOUNT(S) RECEIVED THIS PERIOD  \$2000.00
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind) joint fundraiser		AGGREGATE YEAR-TO-DATE \$2000.00

CONTRIBUTOR NAME SJA Construction Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8004 A Greentree Commons
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Marlton, NJ 08053
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/23/96  AMOUNT(S) RECEIVED THIS PERIOD  \$750.00
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$750.00

CONTRIBUTOR NAME Wakefern Food Corporation	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Government Relations 33 Northfield Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Edison, NJ 08818-7812
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/23/96  AMOUNT(S) RECEIVED THIS PERIOD  \$500.00
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE \$1500.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$3750.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

<input checked="" type="checkbox"/> MONETARY CONTRIBUTIONS	<input type="checkbox"/> IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS	<input type="checkbox"/> REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS	<input type="checkbox"/> DIVIDENDS/ INTEREST
--	---	---	--

**FULL COMMITTEE NAME:** New Jersey Democratic State Comm.

**ACCOUNT NAME AND NUMBER:**

CONTRIBUTOR NAME Joan Ridder Challinor	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3117 Hawthorne Street, NW
OCCUPATION Historian	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20008
EMPLOYER NAME Self		DATE(S) RECEIVED THIS PERIOD  10/24/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$10000.00
		AGGREGATE YEAR-TO-DATE \$10000.00

CONTRIBUTOR NAME Jan Grayzel	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8 Foxglove Drive
OCCUPATION Housewife	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Warren, NJ 07059
EMPLOYER NAME Self		DATE(S) RECEIVED THIS PERIOD  10/24/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$1000.00
		AGGREGATE YEAR-TO-DATE \$1000.00

CONTRIBUTOR NAME Chong-Moon Lee	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) information requested
OCCUPATION information requested	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME Information requested		DATE(S) RECEIVED THIS PERIOD  10/24/96
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)		AMOUNT(S) RECEIVED THIS PERIOD  \$25000.00
		AGGREGATE YEAR-TO-DATE \$25000.00

CONTRIBUTOR NAME James D. Martin	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8 Westlake Court
OCCUPATION attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) North Brunswick, NJ 08902
EMPLOYER NAME Lynch Martin		DATE(S) RECEIVED THIS PERIOD  10/24/96
EMPLOYER ADDRESS (NUMBER AND STREET) Lynch Martin 1368 How Lane		
(CITY, STATE, AND ZIP CODE) North Brunswick, NJ 08902		
RECEIPT DESCRIPTION (If In-Kind) joint fundraiser		AMOUNT(S) RECEIVED THIS PERIOD  \$1000.00
		AGGREGATE YEAR-TO-DATE \$1000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$37000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

# ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

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PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)



**MONETARY CONTRIBUTIONS**



**IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS**



**REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS**



**DIVIDENDS/ INTEREST**

**FULL COMMITTEE NAME:** New Jersey Democratic State Comm.

**ACCOUNT NAME AND NUMBER:**

<b>CONTRIBUTOR NAME</b> International Assoc. of Fire Fighters	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 1750 New York Avenue, NW
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Washington, DC 20006
<b>EMPLOYER NAME</b>		<b>DATE(S) RECEIVED THIS PERIOD</b>
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		
<b>(CITY, STATE, AND ZIP CODE)</b>		10/24/96
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$5000.00	<b>AMOUNT(S) RECEIVED THIS PERIOD</b> \$5000.00

<b>CONTRIBUTOR NAME</b> Vineland Construction Co.	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 71 West Park Avenue
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Vineland, NJ 08360
<b>EMPLOYER NAME</b>		<b>DATE(S) RECEIVED THIS PERIOD</b>
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		
<b>(CITY, STATE, AND ZIP CODE)</b>		10/24/96
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$1500.00	<b>AMOUNT(S) RECEIVED THIS PERIOD</b> \$1500.00

<b>CONTRIBUTOR NAME</b> Ferrara & Rosetti	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> State Highway 38 601 Longwood Avenue
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Cherry Hill, NJ 08002
<b>EMPLOYER NAME</b>		<b>DATE(S) RECEIVED THIS PERIOD</b>
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		
<b>(CITY, STATE, AND ZIP CODE)</b>		10/25/96
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$5000.00	<b>AMOUNT(S) RECEIVED THIS PERIOD</b> \$5000.00

<b>CONTRIBUTOR NAME</b> Lomurro, Davidson, Eastman & Munoz, PA	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 90 West Main Street
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Freehold, NJ 07728
<b>EMPLOYER NAME</b>		<b>DATE(S) RECEIVED THIS PERIOD</b>
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		
<b>(CITY, STATE, AND ZIP CODE)</b>		10/25/96
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$2500.00	<b>AMOUNT(S) RECEIVED THIS PERIOD</b> \$1000.00

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>	\$12500.00
<b>2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)</b>	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

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PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME David S. Steiner	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Llewellen Park 5 Rocky Way
OCCUPATION real estate broker	STATE USE ONLY	(CITY, STATE AND ZIP CODE) West Orange, NJ 07052
EMPLOYER NAME Steiner Equities Group	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET) Steiner Equities Group, LLC 75 Eisenhower Parkway	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE, AND ZIP CODE) Roseland, NJ 07068-1696	10/25/96 \$10000.00	
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$22500.00	

CONTRIBUTOR NAME Dr. Vanessa Weaver	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 9214 Pegasus Court
OCCUPATION Deputy Personnel Director	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Potomac, MD 20854
EMPLOYER NAME The White House	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET)	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE, AND ZIP CODE)	10/25/96 \$25000.00	
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	

CONTRIBUTOR NAME AFL-CIO Committee on Political Education	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 815 16th Street, NW
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20006
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET)	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE, AND ZIP CODE)	10/27/96 \$15000.00	
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	

CONTRIBUTOR NAME MCI Telecommunications Corporation	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 701 South 12th Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Arlington, VA 22202
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD	
EMPLOYER ADDRESS (NUMBER AND STREET)	AMOUNT(S) RECEIVED THIS PERIOD	
(CITY, STATE, AND ZIP CODE)	10/27/96 \$25000.00	
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$75000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

# ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No. 7 of 20

PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)



**MONETARY CONTRIBUTIONS**



**IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS**



**REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS**



**DIVIDENDS/ INTEREST**

**FULL COMMITTEE NAME:** New Jersey Democratic State Comm.

**ACCOUNT NAME AND NUMBER:**

<b>CONTRIBUTOR NAME</b> Democratic Congressional Campaign Comm.		<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 430 South Capitol Street	
<b>OCCUPATION</b>		<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Washington, DC 20003	
<b>EMPLOYER NAME</b>			<b>DATE(S) RECEIVED THIS PERIOD</b>  10/28/96	<b>AMOUNT(S) RECEIVED THIS PERIOD</b>  \$25000.00
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>				
<b>(CITY, STATE, AND ZIP CODE)</b>				
<b>RECEIPT DESCRIPTION (If In-Kind)</b>			<b>AGGREGATE YEAR-TO-DATE</b> \$25000.00	

<b>CONTRIBUTOR NAME</b> Inter-American Vanguard Corp.		<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 3690 NW 62nd Street	
<b>OCCUPATION</b>		<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Miami, FL 33147	
<b>EMPLOYER NAME</b>			<b>DATE(S) RECEIVED THIS PERIOD</b>  10/28/96	<b>AMOUNT(S) RECEIVED THIS PERIOD</b>  \$5000.00
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>				
<b>(CITY, STATE, AND ZIP CODE)</b>				
<b>RECEIPT DESCRIPTION (If In-Kind)</b>			<b>AGGREGATE YEAR-TO-DATE</b> \$5000.00	

<b>CONTRIBUTOR NAME</b> Amer Fed State, County & Muni Employees		<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 1625 L Street, NW	
<b>OCCUPATION</b>		<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Washington, DC 20036	
<b>EMPLOYER NAME</b>			<b>DATE(S) RECEIVED THIS PERIOD</b>  10/29/96	<b>AMOUNT(S) RECEIVED THIS PERIOD</b>  \$25000.00
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>				
<b>(CITY, STATE, AND ZIP CODE)</b>				
<b>RECEIPT DESCRIPTION (If In-Kind)</b>			<b>AGGREGATE YEAR-TO-DATE</b> \$25000.00	

<b>CONTRIBUTOR NAME</b> Classic Fragrances, Ltd.		<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> PO Box 187	
<b>OCCUPATION</b>		<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Haworth, NJ 07641	
<b>EMPLOYER NAME</b>			<b>DATE(S) RECEIVED THIS PERIOD</b>  10/29/96	<b>AMOUNT(S) RECEIVED THIS PERIOD</b>  \$250.00
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>				
<b>(CITY, STATE, AND ZIP CODE)</b>				
<b>RECEIPT DESCRIPTION (If In-Kind)</b>			<b>AGGREGATE YEAR-TO-DATE</b> \$250.00	

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>	\$55250.00
<b>2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)</b>	

PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)



MONETARY CONTRIBUTIONS



IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS



REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS



DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Salvatore DaVino	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 641 Shunpike Road
OCCUPATION Real Estate Management	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Millburn, NJ 07041
EMPLOYER NAME self		DATE(S) RECEIVED THIS PERIOD 10/29/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME M. Miller & Son Associates, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Information requested
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/29/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$500.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$500.00	

CONTRIBUTOR NAME Carpenters' Legislative Improvement Comm	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 101 Constitution Avenue, NW
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20001
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/29/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$5000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Adspecs, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1337 Pennsylvania Ave, SE
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20003
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 10/30/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1200.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$7500.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	



PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME IMAGEExpress Group	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3501 52nd Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hyattsville, MD 20781-1006
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/30/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME NJ Victory '96	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 430 South Capitol Street, SE
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20003-4024
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/30/96 \$200.00
RECEIPT DESCRIPTION (If In-Kind) unitemized receipts	AGGREGATE YEAR-TO-DATE \$353457.85	

CONTRIBUTOR NAME P.I.C., Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) T/A The Re-election Store 3501 -- 52nd Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hyattsville, MD 20781
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/30/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Atlantic Electric PAC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 6801 Black Horse Pike
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Egg Harbor Township, 08234
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/30/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

1. SUBTOTAL (Add all receipts listed on this page.)

\$3200.00

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Union City Democratic Organization	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P.O. Box 1186
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Union City, NJ 07087
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/31/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10308.70	AMOUNT(S) RECEIVED THIS PERIOD \$10308.70

CONTRIBUTOR NAME International Resources Corp., Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1234 Massachusetts Avenue, NW Suite 1007
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20005
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/31/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

CONTRIBUTOR NAME Kearney, Castillo & Blake	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 210 White Horse Pike
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Haddon Heights, NJ 08035
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/31/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$500.00	AMOUNT(S) RECEIVED THIS PERIOD \$500.00

CONTRIBUTOR NAME Darin Beth Opperman	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2159 Springwood Road
OCCUPATION Housewife	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Wayzata, MN 55391
EMPLOYER NAME Self		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		10/31/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	AMOUNT(S) RECEIVED THIS PERIOD \$25000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$40808.70
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

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PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME PLC Investments, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 200 South Biscayne Boulevard Suite 2410
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Miami, FL 33131
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/31/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

CONTRIBUTOR NAME Pepsi-Cola Company	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Somers, NY 10589
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/31/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME John J. Rose	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 121 Bathurst Avenue
OCCUPATION President	STATE USE ONLY	(CITY, STATE AND ZIP CODE) North Arlington, NJ 07031
EMPLOYER NAME Garden State Leasing		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) President & CEO Garden State Leasing & Rent-A-Car Corp. 89 Ridge Road		
(CITY, STATE, AND ZIP CODE) North Arlington, NJ 07031-9820		10/31/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$500.00	AMOUNT(S) RECEIVED THIS PERIOD \$500.00

CONTRIBUTOR NAME Alan Sagner	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) The Sagner Companies 301 S. Livingston Avenue Suite
OCCUPATION CEO, President	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Livingston, NJ 07039
EMPLOYER NAME Self		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) The Sagner Companies 301 S. Livingston Avenue Suite 104		
(CITY, STATE, AND ZIP CODE) Livingston, NJ 07039		10/31/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1500.00	AMOUNT(S) RECEIVED THIS PERIOD \$1500.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$8000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

# ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No. 12 of 20

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)



**MONETARY CONTRIBUTIONS**



**IN-KIND CONTRIBUTIONS. EXPENDITURES MADE BY OTHERS**



**REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS**



**DIVIDENDS/ INTEREST**

**FULL COMMITTEE NAME:** New Jersey Democratic State Comm.

**ACCOUNT NAME AND NUMBER:**

<b>CONTRIBUTOR NAME</b> David S. Steiner	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> Llewellen Park 5 Rocky Way
<b>OCCUPATION</b> real estate broker	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> West Orange, NJ 07052
<b>EMPLOYER NAME</b> Steiner Equities Group		<b>DATE(S) RECEIVED THIS PERIOD</b> 10/31/96
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b> Steiner Equities Group, LLC 75 Eisenhower Parkway		<b>AMOUNT(S) RECEIVED THIS PERIOD</b> \$5000.00
<b>(CITY, STATE, AND ZIP CODE)</b> Roseland, NJ 07068-1696		
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$22500.00	

<b>CONTRIBUTOR NAME</b> Worldspace, Inc.	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 11 Dupont Circle, NW Suite 900
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Washington, DC 20036
<b>EMPLOYER NAME</b>		<b>DATE(S) RECEIVED THIS PERIOD</b> 10/31/96
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		<b>AMOUNT(S) RECEIVED THIS PERIOD</b> \$25000.00
<b>(CITY, STATE, AND ZIP CODE)</b>		
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$25000.00	

<b>CONTRIBUTOR NAME</b> CWA Local 1034	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> Jim Mulholland, President 321 West State Street
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Trenton, NJ 08618
<b>EMPLOYER NAME</b>		<b>DATE(S) RECEIVED THIS PERIOD</b> 11/01/96
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		<b>AMOUNT(S) RECEIVED THIS PERIOD</b> \$300.00
<b>(CITY, STATE, AND ZIP CODE)</b>		
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$845.00	

<b>CONTRIBUTOR NAME</b> Emily's List	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 805 15th Street, NW Suite 400
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Washington, DC 20005
<b>EMPLOYER NAME</b>		<b>DATE(S) RECEIVED THIS PERIOD</b> 11/01/96
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>		<b>AMOUNT(S) RECEIVED THIS PERIOD</b> \$1000.00
<b>(CITY, STATE, AND ZIP CODE)</b>		
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$21000.00	

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>	\$31300.00
<b>2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)</b>	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

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PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Fastcorp.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Food Automation Sys. & Technologies, Inc 2 Barrett
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Moonachie, NJ 07074-1604
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/01/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1300.00	AMOUNT(S) RECEIVED THIS PERIOD \$300.00

CONTRIBUTOR NAME Mercer County Labor Union Cope	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8 Autumn Lane
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08638
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/01/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$4000.00	AMOUNT(S) RECEIVED THIS PERIOD \$4000.00

CONTRIBUTOR NAME The Committee for NJ PAC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Independent Energy Producers of NJ Attn: Adam
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) East Brunswick, NJ 08816
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/01/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Letter Carriers Political Education Comm	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) National Assoc. of Letter Carriers 100 Indiana Avenue, NW
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20001
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/01/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$10300.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

# ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 14 of 20

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)



MONETARY CONTRIBUTIONS



IN-KIND CONTRIBUTIONS, EXPENDITURES MADE BY OTHERS



REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS



DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME United Gunite Construction, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 102 Welland Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Irvington, NJ 07111
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/01/96 \$20000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$23000.00	

CONTRIBUTOR NAME The Americas Group, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2655 Bayshore Drive Suite 1200
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Miami, FL 33133
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/02/96 \$25000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	

CONTRIBUTOR NAME Alfred Estrada	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 7852 Fisher Island Drive
OCCUPATION information requested	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Fisher Island, FL 33109
EMPLOYER NAME Information requested		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/02/96 \$25000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	

CONTRIBUTOR NAME Hovnanian Industries	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Hovsons Inc. One Hovchild Plaza 4000 Route 66
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Tinton Falls, NJ 07753
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/02/96 \$25000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$95000.0
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

# ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 15 of 20

PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)



**MONETARY CONTRIBUTIONS**



**IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS**



**REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS**



**DIVIDENDS/ INTEREST**

**FULL COMMITTEE NAME:** New Jersey Democratic State Comm.

**ACCOUNT NAME AND NUMBER:**

<b>CONTRIBUTOR NAME</b> I.B.E.W. -- C.O.P.E.	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 1125 -- 15th Street, NW
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Washington, DC 20005
<b>EMPLOYER NAME</b>	<b>DATE(S) RECEIVED THIS PERIOD</b>	
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>	<b>AMOUNT(S) RECEIVED THIS PERIOD</b>	
<b>(CITY, STATE, AND ZIP CODE)</b>	11/02/96 \$2000.00	
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$2000.00	

<b>CONTRIBUTOR NAME</b> Miramax Films	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> 375 Greenwich Street
<b>OCCUPATION</b>	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> New York, NY 10013
<b>EMPLOYER NAME</b>	<b>DATE(S) RECEIVED THIS PERIOD</b>	
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>	<b>AMOUNT(S) RECEIVED THIS PERIOD</b>	
<b>(CITY, STATE, AND ZIP CODE)</b>	11/02/96 \$25000.00	
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$25000.00	

<b>CONTRIBUTOR NAME</b> Frank H. Pearl	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> c/o The Army and Navy Club Building 1627 Eye Street, NW
<b>OCCUPATION</b> information requested	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Washington, DC 20006
<b>EMPLOYER NAME</b> Information requested	<b>DATE(S) RECEIVED THIS PERIOD</b>	
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>	<b>AMOUNT(S) RECEIVED THIS PERIOD</b>	
<b>(CITY, STATE, AND ZIP CODE)</b>	11/02/96 \$19000.00	
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$25000.00	

<b>CONTRIBUTOR NAME</b> Geryl T. Pearl	<b>STATE USE ONLY</b>	<b>CONTRIBUTOR ADDRESS (NUMBER AND STREET)</b> c/o The Army and Navy Club Building 1627 Eye Street, NW
<b>OCCUPATION</b> information requested	<b>STATE USE ONLY</b>	<b>(CITY, STATE AND ZIP CODE)</b> Washington, DC 20006
<b>EMPLOYER NAME</b> Information requested	<b>DATE(S) RECEIVED THIS PERIOD</b>	
<b>EMPLOYER ADDRESS (NUMBER AND STREET)</b>	<b>AMOUNT(S) RECEIVED THIS PERIOD</b>	
<b>(CITY, STATE, AND ZIP CODE)</b>	11/02/96 \$1000.00	
<b>RECEIPT DESCRIPTION (If In-Kind)</b>	<b>AGGREGATE YEAR-TO-DATE</b> \$1000.00	

<b>1. SUBTOTAL (Add all receipts listed on this page.)</b>	\$47000.00
<b>2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)</b>	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 16 of 20

PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL COPIES ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Potomac Coalition, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 911 F Street, NE	DATE(S) RECEIVED THIS PERIOD  11/02/96	AMOUNT(S) RECEIVED THIS PERIOD  \$10000.00
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20002		
EMPLOYER NAME				
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00			

CONTRIBUTOR NAME Michael D. Siegal	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 921 West Hill Drive	DATE(S) RECEIVED THIS PERIOD  11/02/96	AMOUNT(S) RECEIVED THIS PERIOD  \$25000.00
OCCUPATION information requested	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Gates Mills, OH 44040		
EMPLOYER NAME Information requested				
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00			

CONTRIBUTOR NAME Weitz & Luxenberg, PC	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 40 Fulton Street	DATE(S) RECEIVED THIS PERIOD  11/02/96	AMOUNT(S) RECEIVED THIS PERIOD  \$10000.00
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New York, NY 10038		
EMPLOYER NAME				
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$10000.00			

CONTRIBUTOR NAME Democratic Senatorial Campaign Committee	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 430 South Capitol Street, SE	DATE(S) RECEIVED THIS PERIOD  11/04/96	AMOUNT(S) RECEIVED THIS PERIOD  \$25000.00
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20003		
EMPLOYER NAME				
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE, AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$25000.00			

1. SUBTOTAL (Add all receipts listed on this page.)	\$70000.0
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	



## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 17 of 20

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Atlantic County Democratic Committee	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 105 N. White Horse Pike PO Box 47
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hammonton, NJ 08037
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/04/96 \$500.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$500.00	

CONTRIBUTOR NAME Bergen County Democratic Organization	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 14 South State Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Hackensack, NJ 07601
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/05/96 \$2000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	

CONTRIBUTOR NAME Stephanie Sorensen Fredericks	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 2395 Vallejo Street
OCCUPATION information requested	STATE USE ONLY	(CITY, STATE AND ZIP CODE) San Francisco, CA 94123
EMPLOYER NAME Information requested		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/05/96 \$24000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$24000.00	

CONTRIBUTOR NAME P & J Contracting Company, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 3810 Ridgewood Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Baltimore, MD 21215
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/05/96 \$2000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$28500.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A Page No. 18 of 20

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME UAW Committee for Good Government	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 8000 E. Jefferson Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Detroit, MI 48214
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/06/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME Bressler Amery & Ross, P.C.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P.O. Box 1980
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Morristown, NJ 07962
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/07/96 \$2500.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$7000.00	

CONTRIBUTOR NAME Grand Cove Marina & Yacht Club, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 989 River Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Edgewater, NJ 07020
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/12/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Harbourview Associates, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 945 River Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Edgewater, NJ 07020
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		11/12/96 \$2000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	

1. SUBTOTAL (Add all receipts listed on this page.)	\$10500.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 19 of 20

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Montrose Realty, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1000 Route 9
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Woodbridge, NJ 07095
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/12/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Parene Realty Co., L.L.C.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 222 Grand Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Englewood, NJ 07631
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/12/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$1000.00

CONTRIBUTOR NAME Windsor Security Services Associates Inc	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 192 Christie Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Leonora, NJ 07605
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/12/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2000.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$2000.00

CONTRIBUTOR NAME United Steelworkers of America	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Five Gateway Center
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Pittsburgh, PA 15222
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		11/15/96
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	
		AMOUNT(S) RECEIVED THIS PERIOD \$5000.00

1. SUBTOTAL (Add all receipts listed on this page.)	\$9000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No. 20 of 20

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Louis P. Sampoli, Esq.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 206 King Avenue
OCCUPATION attorney	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Westmont, NJ 08108
EMPLOYER NAME self		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET) 900 Route 168, Suite F-3		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE) Blackwood, NJ 08012		11/27/96 \$1000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1000.00	

CONTRIBUTOR NAME Northeast Political Action Committee	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) NEPAC P.O. Box 268
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New Hartford, NY 13413
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		12/31/96 \$5000.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$5000.00	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	

1. SUBTOTAL (Add all receipts listed on this page.)	\$6000.00
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	\$571608.70

99-04-203-50214

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME:

New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME DNC Non-Federal Labor Account	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 430 S. Capitol Street, SE	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Washington, DC 20003	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  10/29/96	AMOUNT(S) RECEIVED THIS PERIOD  \$579.66
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind) salary	AGGREGATE YEAR-TO-DATE \$12541.96		

CONTRIBUTOR NAME High Grade Beverage	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) P.O. Box 7092	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) North Brunswick, NJ 08902	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD  11/01/96	AMOUNT(S) RECEIVED THIS PERIOD  \$362.50
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind) soda	AGGREGATE YEAR-TO-DATE \$862.50		

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE		

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE, AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE		

1. SUBTOTAL (Add all receipts listed on this page.)	\$942.16
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	\$942.16

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)



MONETARY CONTRIBUTIONS



IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS



REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS



DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Lloyd Exchange Travel	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1988 Morris Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Union, NJ 07083
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/27/96 \$122.00
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$336.50	

CONTRIBUTOR NAME Lloyd Exchange Travel	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1988 Morris Avenue
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Union, NJ 07083
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/29/96 \$214.50
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$336.50	

CONTRIBUTOR NAME U-Haul	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 397 Route 18 South
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) East Brunswick, NJ 08816
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/30/96 \$37.86
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$87.24	

CONTRIBUTOR NAME U-Haul	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 397 Route 18 South
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) East Brunswick, NJ 08816
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD
(CITY, STATE, AND ZIP CODE)		10/30/96 \$49.38
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$87.24	

1. SUBTOTAL (Add all receipts listed on this page.) \$423.74

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☐ MONETARY CONTRIBUTIONS
 ☐ IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS
 ☒ REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS
 ☐ DIVIDENDS/ INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Money Realty Corp.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 34-36 Bayard Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) New Brunswick, NJ 08901
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/19/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$235.00
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$235.00	

CONTRIBUTOR NAME Gloria Moore	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 135 Plainsboro Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Cranbury, NJ 08512
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 11/26/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$155.82
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1558.20	

CONTRIBUTOR NAME Bell Atlantic Telephone	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1717 Arch Street, 25th Floor
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Philadelphia, PA 19103-4833
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 12/02/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$212.03
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1744.11	

CONTRIBUTOR NAME Gloria Moore	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 135 Plainsboro Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Cranbury, NJ 08512
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 12/10/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$155.82
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1558.20	

1. SUBTOTAL (Add all receipts listed on this page.)	\$758.67
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	

## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

3 of 3

PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

☐ MONETARY CONTRIBUTIONS☐ IN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERS☒ REIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTS☐ DIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Genova Burns Trimboli & Vernoia	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) Eisenhower Plaza II 354 Eisenhower Parkway
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Livingston, NJ 07039
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 12/11/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$283.14
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$283.14	

CONTRIBUTOR NAME Oriental Trading Company, Inc.	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 4206 South 108th Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Omaha, NE 68137-1215
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 12/16/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$268.80
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$268.80	

CONTRIBUTOR NAME Bell Atlantic Telephone	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 1717 Arch Street, 25th Floor
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Philadelphia, PA 19103-4833
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD 12/18/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$1532.08
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$1744.11	

CONTRIBUTOR NAME Stuart J. Heiser	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 125 Glenbrook Road
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Morris Plains, NJ 07950
EMPLOYER NAME CC		DATE(S) RECEIVED THIS PERIOD 12/23/96
EMPLOYER ADDRESS (NUMBER AND STREET)		AMOUNT(S) RECEIVED THIS PERIOD \$148.50
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$148.50	

1. SUBTOTAL (Add all receipts listed on this page.)	\$2232.52
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	\$3414.93



## ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPERATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

MONETARY  
CONTRIBUTIONSIN-KIND CONTRIBUTIONS-  
EXPENDITURES MADE BY OTHERSREIMBURSEMENTS/  
REFUNDS OF DISBURSEMENTSDIVIDENDS/  
INTEREST

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

CONTRIBUTOR NAME Summit Bank	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 150 West State Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08608
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		10/31/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2249.75	AMOUNT(S) RECEIVED THIS PERIOD \$243.53

CONTRIBUTOR NAME Summit Bank	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 150 West State Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08608
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		11/29/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2249.75	AMOUNT(S) RECEIVED THIS PERIOD \$85.00

CONTRIBUTOR NAME Summit Bank	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET) 150 West State Street
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE) Trenton, NJ 08608
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		12/31/96
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE \$2249.75	AMOUNT(S) RECEIVED THIS PERIOD \$59.43

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY, STATE, AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	AMOUNT(S) RECEIVED THIS PERIOD

1. SUBTOTAL (Add all receipts listed on this page.)	\$387.96
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	\$387.96

# ADJUSTMENT SCHEDULE REFUND OF EXCESSIVE CONTRIBUTIONS

Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "ADJUSTMENT SCHEDULE" FOR EACH SEPARATE ACCOUNT

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION  
LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE  
EXCESS AMOUNT ON THIS SCHEDULE.

PAYMENT DATE	CHECK NO.	PAYEE NAME AND ADDRESS	REFUNDED AMOUNT
10/30/96	1027	Carpenters' Legislative Improvement Comm 101 Constitution Avenue, NW Washington, DC 20001	\$5000.00
11/04/96	dm	Jon S. Corzine ✱ 25 Lenox Road Summit, NJ 07901	\$10000.00
		✱ Subsequent to a joint Fundraiser held on Oct. 20, 96 - \$10,000 was misdeposited by the DNC into	
		a NJ account. The contribution was transferred out of any NJ account on Nov. 11, 1996.	
		The foregoing adjustment neutralizes the NJNSC's having reported this deposit	
		in its pre-election report. Please see 11/20/96 letter re: same	
		to Ms. Evelyn Ford of EEC. Thank you	

1. TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete  
this line on the last page used. Carry forward to Page 2, Line 4, Column A.)

\$15000.00

## ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C

Page No.

1 of 4

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
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\* Legislative Leadership Committees - See instructions concerning permissible uses of funds.

Summit Bank 150 West State Street Trenton, NJ 08608	wire fee	\$60.00	10/23/96	dm
Applied Political Technologies, Inc. 1029 N. Royal Street Suite 350 Alexandria, VA 22314	lists	\$157.87	10/24/96	6461
Message & Media 65 Church St. New Brunswick, NJ 08901	mailing	\$1000.00	10/24/96	6462
Transfers	transfer to federal account	\$20000.00	10/24/96	dm
CBS Educational Committee c/o Summit Bank Commerce & Laurel Streets Bridgeton, NJ 08302	CBS Educational Committee	\$400.00	10/28/96	1025
Nations Bank 730 15th Street, NW Washington, DC 20005	bank transfer fee	\$13.00	10/28/96	dm
Transfers	Transfer to Federal Exempt Account	\$32637.99	10/28/96	dm
Transfers	Transfer to Federal Exempt Account	\$1343.96	10/28/96	dm
Transfers	Transfer to DNC Account	\$17201.84	10/28/96	dm
Summit Bank 150 West State Street Trenton, NJ 08608	wire fee	\$10.00	10/30/96	dm
United States Postal Service Bayard Street New Brunswick, NJ 08903	Monmouth postage	\$6739.04	10/31/96	6466

1. SUBTOTAL OF DISBURSEMENTS (This Page)

\$79563.70

2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)

## ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C

Page No. 2 of 4

PLEASE TYPE OR PRINT. PHOTO COPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
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\* Legislative Leadership Committees - See instructions concerning permissible uses of funds.

Summit Bank 150 West State Street Trenton, NJ 08608	bank fee	\$1.50	10/31/96	dm
Transfers	Transfer to FEC Account	\$25000.00	10/31/96	dm
Transfers	Transfer to Federal Exempt Account	\$71701.41	10/31/96	dm
Transfers	Transfer to Federal Exempt Account	\$3072.66	10/31/96	dm
Transfers	Transfer to DNC Account	\$33231.76	10/31/96	dm
American Graphic Arts Center Monmouth Shores Corporate Park 1325 Campus Parkway Neptune, NJ 07753	Monmouth County	\$8890.22	11/01/96	6467
Summit Bank 150 West State Street Trenton, NJ 08608	bank fee	\$10.00	11/01/96	dm
Transfers	Transfer to Federal Exempt Account	\$37300.26	11/01/96	dm
Summit Bank 150 West State Street Trenton, NJ 08608	wire fees	\$25.00	11/04/96	dm
Transfers	Transfer to Federal Exempt Account	\$26000.00	11/04/96	dm
Transfers	Transfer to DNC Account	\$2890.60	11/04/96	dm

1. SUBTOTAL OF DISBURSEMENTS (This Page)

\$208123.41

2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)

# ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C

Page No. 3 of 4

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
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\* Legislative Leadership Committees - See Instructions concerning permissible uses of funds.

Summit Bank 150 West State Street Trenton, NJ 08608	bank fee	\$28.00	11/05/96	dm
Transfers	Transfer to Federal Exempt Account	\$9373.11	11/06/96	dm
Transfers	Transfer to Federal Exempt Account	\$11883.20	11/06/96	dm
Transfers	Transfer to Federal Exempt Account	\$34520.57	11/07/96	dm.
Transfers	Transfer to Federal Exempt Account	\$16162.21	11/07/96	dm
Transfers	Transfer to Federal Exempt Account	\$18000.00	11/07/96	dm
Summit Bank 150 West State Street Trenton, NJ 08608	bank fee	\$10.00	11/08/96	dm
Transfers	Transfer to DNC Account	\$2072.11	11/13/96	dm
Summit Bank 150 West State Street Trenton, NJ 08608	bank fee	\$28.00	11/19/96	dm
Transfers	Transfer to FEC Account	\$15546.17	11/19/96	dm
Transfers	Transfer to FEC Account	\$1692.70	11/19/96	dm

1. SUBTOTAL OF DISBURSEMENTS (This Page)

\$109316.07

2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)

## ITEMIZED OPERATING DISBURSEMENTS

SCHEDULE C

Page No. 4 of 4

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT

FULL COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

PAYEE OR CREDITOR NAME, ADDRESS (Number and Street, City, State, Zip Code)	PURPOSE *	AMOUNT(S) DISBURSED THIS PERIOD	TRANS- ACTION DATE(S)	CHECK NO(S).
* Legislative Leadership Committees - See Instructions concerning permissible uses of funds.				
Nations Bank 730 15th Street, NW Washington, DC 20005	bank transfer fee	\$29.72	11/22/96	dm
Transfers	transfer to FEC acct.	\$6009.82	11/27/96	dm
Transfers	Transfer to FEC acct.	\$45.77	12/12/96	dm
Transfers	Transfer to FEC acct.	\$5913.54	12/12/96	dm
Transfers	Transfer to FEC acct.	\$4826.94	12/16/96	dm
Transfers	Allocation transfer	\$5407.28	12/17/96	dm
Transfers	Transfer to FEC account	\$5467.74	12/23/96	dm
Transfers	Transfer to Fed Exempt Acct.	\$20000.00	12/24/96	dm
Transfers	Transfer to FEC account	\$6028.58	12/27/96	dm
1. SUBTOTAL OF DISBURSEMENTS (This Page)		\$53729.39		
2. TOTAL OF DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 14, Column A.)		\$450732.57		

99-114-343-5034

ELEC REPORT - YEAR END 1996 - NEW JERSEY DEMOCRATIC STATE COMMITTEE

ITEMIZATION BY ACCOUNT OF EXPENDITURES DISCLOSED ON SCHEDULE C

Account Name & No.	Check No.	Date	Payee	Amount
<b>Campaign '96</b>				
906708885	debit	10/23/96	Summit Bank fee	\$ 60.00
Summit Bank, NJ	debit	10/24/96	Transfer to federal account	\$ 20,000.00
	1025	10/25/96	CBS Educational Committee	\$ 400.00
	debit	10/28/96	Transfer to NJ DNC account	\$ 17,201.84
	debit	10/28/96	Transfer to Fed. Exempt account	\$ 1,343.96
	debit	10/28/96	Transfer to Fed. Exempt account	\$ 32,637.99
	debit	10/30/96	Summit Bank fee	\$ 10.00
	debit	10/31/96	Transfer to NJ DNC account	\$ 33,231.76
	debit	10/31/96	Transfer to Fed. Exempt account	\$ 3,072.66
	debit	10/31/96	Transfer to Fed. Exempt account	\$ 71,701.41
	debit	11/1/96	Summit Bank fee	\$ 10.00
	debit	11/1/96	Transfer to Fed. Exempt account	\$ 37,300.26
	debit	11/4/96	Summit Bank fee	\$ 25.00
	debit	11/4/96	Transfer to Fed. Exempt account	\$ 26,000.00
	debit	11/4/96	Transfer to NJ DNC account	\$ 2,890.60
	debit	11/5/96	Summit Bank fee	\$ 28.00
	debit	11/6/96	Transfer to Fed. Exempt account	\$ 9,373.11
	debit	11/6/96	Transfer to Fed. Exempt account	\$ 11,883.20
	debit	11/7/96	Transfer to Fed. Exempt account	\$ 18,000.00
	debit	11/7/96	Transfer to Fed. Exempt account	\$ 34,520.57
	debit	11/7/96	Transfer to Fed. Exempt account	\$ 16,162.21
	debit	11/8/96	Summit Bank fee	\$ 10.00
	debit	11/13/96	Transfer to NJ DNC account	\$ 2,072.11
	debit	11/19/96	Summit Bank fee	\$ 28.00
	debit	12/24/96	Transfer to Fed. Exempt account	\$ 20,000.00
			<b>CAMPAIGN '96 TOTAL:</b>	<b>\$ 357,962.68</b>
<b>State Operating</b>				
906701325	6461	10/24/96	Applied Political Technologies, Inc.	\$ 157.87
Summit Bank, NJ	6462	10/24/96	Message & Media	\$ 1,000.00
	6466	10/31/96	United States Postal Service	\$ 6,739.04
	6467	11/1/96	American Graphic Arts Center	\$ 8,890.22
			<b>STATE OPERATING TOTAL:</b>	<b>\$ 16,787.13</b>
<b>Asset Management</b>				
906702097	debit	10/31/96	Summit Bank fee	\$ 1.50
Summit Bank, NJ	debit	10/31/96	Transfer to FEC account	\$ 25,000.00
	debit	11/19/96	Transfer to FEC account	\$ 15,546.17
	debit	11/19/96	Transfer to FEC account	\$ 1,692.70
	debit	11/27/96	Transfer to FEC account	\$ 6,009.82
	debit	12/12/96	Transfer to FEC account	\$ 45.77
	debit	12/12/96	Transfer to FEC account	\$ 5,913.54
	debit	12/16/96	Transfer to FEC account	\$ 4,826.94
	debit	12/23/96	Transfer to FEC account	\$ 5,467.74
	debit	12/27/96	Transfer to FEC account	\$ 6,028.58
			<b>ASSET MANAGEMENT TOTAL:</b>	<b>\$ 70,532.76</b>
<b>NJ Victory '96 Non-Federal Acct #1</b>				
1933049483	debit	10/28/96	Nations Bank fee	\$ 13.00
Nations Bank, DC	debit	11/22/96	Nations Bank fee	\$ 29.72
	debit	12/17/96	Allocation transfer to Democratic National Comm. Non-Fed Acct.	\$ 5,407.28
			<b>NJ VICTORY '96 NON-FED TOTAL</b>	<b>\$ 5,450.00</b>
			<b>TOTAL EXPENDITURES:</b>	<b>\$ 450,732.57</b>

# ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES

SCHEDULE D

Page No. 1 of 5

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE



NEW JERSEY GUBERNATORIAL  
CANDIDATES/COMMITTEES



NEW JERSEY LEGISLATIVE  
CANDIDATES/COMMITTEES



ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

RECIPIENT NAME, ADDRESS (Number and Street, City, State, Zip Code)	ELECTION DATE	CHECK		AMOUNT OF EACH CONTRIBUTION
	DISTRICT OR COUNTY OR MUNICIPALITY	NO(S).	DATE(S)	
Democratic Party of Vermont Vermont Vote '96 Attn: Emma Hurley, Comptroller 125 Saint Paul Burlington, VT 05401	Dem. Pty of Vermont	21	10/23/96	\$25000.00
Democratic Committee of Ewing Twp. c/o 55 Montague Avenue Ewing, NJ 08628	Mercer County	6453	10/23/96	\$500.00
Atlantic County Democratic Committee 105 N. White Horse Pike PO Box 47 Hammonton, NJ 08037	Atlantic County	wire	10/23/96	\$4500.00
Essex County Democratic Committee 50 Park Place Suite 1430 Newark, NJ 07102	Essex County	wire	10/23/96	\$5000.00
Jersey City Democratic Committee 225 St. Paul's Avenue, #17C Jersey City, NJ 07306	Hudson County	wire	10/23/96	\$2485.00
Union City Democratic Organization P.O. Box 1186 Union City, NJ 07087	Union County	wire	10/23/96	\$10500.00
Warren County Democrats 922 High Street Alpha, NJ 08865	Warren County	1003	10/24/96	\$4000.00
Election Fund of P. Hammer & D. Backman 8 Cambridge Way Voorhees, NJ 08043	Camden County	6455	10/24/96	\$1000.00
Election Fund of Dan Grant information requested Montville, NJ 07045	Morris County	6465	10/24/96	\$250.00
Burlington County Democratic Org. 109 Rockland Drive Willingboro, NJ 08046	Burlington County	1004	10/25/96	\$2000.00
Union County Democratic Organization 530 Westfield Avenue Elizabeth, NJ 07208	Union County	1005	10/25/96	\$5000.00
1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)				\$60235.00
2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A.)				



# ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES

SCHEDULE D

Page No. 2 of 5

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE



NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES



NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES



ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

RECIPIENT NAME, ADDRESS (Number and Street, City, State, Zip Code)	ELECTION DATE DISTRICT OR COUNTY OR MUNICIPALITY	CHECK		AMOUNT OF EACH CONTRIBUTION
		NO(S).	DATE(S)	
East Orange Democratic Organization PO Box 2020 East Orange, NJ 07019	East Orange	1006	10/26/96	\$1300.00
Atlantic County Democratic Committee 105 N. White Horse Pike PO Box 47 Hammonton, NJ 08037	Atlantic County	1007	10/28/96	\$2000.00
Atlantic County Democratic Committee 105 N. White Horse Pike PO Box 47 Hammonton, NJ 08037	Atlantic County	1008	10/28/96	\$5000.00
Cape May County Democratic Committee 9712 3rd Avenue Suite 4 Stone Harbor, NJ 08247	Cape May County	1009	10/28/96	\$500.00
Vineland Municipal Committee 3429 East Landis Vineland, NJ 08360	Cumberland County	1010	10/28/96	\$500.00
Cumberland County Democratic Committee 424 Landis Avenue PO Box 330 Vineland, NJ 08360	Cumberland County	1011	10/28/96	\$500.00
Essex County Democratic Committee 50 Park Place Suite 1430 Newark, NJ 07102	Essex County	1012	10/28/96	\$10000.00
Gloucester County Democratic Committee PO Box 506 Glassboro, NJ 08028	Gloucester County	1013	10/28/96	\$2000.00
Hudson County Democratic Organization 108 Bentley Ave. Jersey City, NJ 07306	Hudson County	1014	10/28/96	\$15000.00
Mercer County Democratic Committee Chairman Alan J. Karcher 777 Alexander Road Princeton, NJ 08540	Mercer County	1015	10/28/96	\$2000.00
Middlesex County Democratic Organization Box 118 New Brunswick, NJ 08901	Middlesex County	1016	10/28/96	\$10000.00
1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)				\$48800.00
2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A.)				

# ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES

SCHEDULE D Page No. 3 of 5

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE



NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES



NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES



ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

RECIPIENT NAME, ADDRESS (Number and Street, City, State, Zip Code)	ELECTION DATE DISTRICT OR COUNTY OR MUNICIPALITY	CHECK		AMOUNT OF EACH CONTRIBUTION
		NO(S).	DATE(S)	
Monmouth County Democrats IEI Building Room 23 Airport Plaza Route 36 Hazlet, NJ 07730	Monmouth County	1017	10/28/96	\$1000.00
Morris County Democratic Committee 23 Trinity Place East Hanover, NJ 07936	Morris County	1018	10/28/96	\$250.00
Ocean County Democrats 256 Tiller Avenue Beachwood, NJ 08722	Ocean County	1019	10/28/96	\$250.00
Somerset County Democratic Org. 25 Barber Blvd. South Bound Brook, NJ 08880	Somerset County	1020	10/28/96	\$500.00
Passaic County Democrats 840 Van Houten Avenue Clifton, NJ 07013	Passaic County	1021	10/28/96	\$1200.00
Atlantic County Democratic Committee 105 N. White Horse Pike PO Box 47 Hammonton, NJ 08037	Atlantic County	1022	10/28/96	\$3000.00
Camden County Democrat Committee 26 Springdale Road Building 27 Cherry Hill, NJ 08003	Camden County	1023	10/28/96	\$16200.00
Cumberland County Democratic Committee 424 Landis Avenue PO Box 330 Vineland, NJ 08360	Cumberland County	1024	10/28/96	\$300.00
Burlington County Democratic Org. 109 Rockland Drive Willingboro, NJ 08046	Burlington County	1026	10/28/96	\$4400.00
Democratic Organization of So. Brunswick South Brunswick, NJ	Middlesex County	dm	10/28/96	\$500.00
Atlantic County Democratic Committee 105 N. White Horse Pike PO Box 47 Hammonton, NJ 08037	Atlantic County	dm	10/29/96	\$1000.00
1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)				\$28600.00
2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A.)				

# ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES

SCHEDULE D

Page No. 4 of 5

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE



NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES



NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES



ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

RECIPIENT NAME, ADDRESS (Number and Street, City, State, Zip Code)	ELECTION DATE	CHECK		AMOUNT OF EACH CONTRIBUTION
	DISTRICT OR COUNTY OR MUNICIPALITY	NO(S).	DATE(S)	
Camden County Democrat Committee 26 Springdale Road Building 27 Cherry Hill, NJ 08003	Camden County	1028	10/30/96	\$5000.00
Democratic Municipal Comm of West NY 5700 Bergenline Avenue West New York, NJ 07093	Hudson County	1029	10/30/96	\$800.00
Union City Democratic Organization P.O. Box 1186 Union City, NJ 07087	Union County	1030	10/30/96	\$4400.00
Bergen County Democratic Organization 14 South State Street Hackensack, NJ 07601	Bergen County	1031	11/01/96	\$3000.00
Union County Democratic Organization 530 Westfield Avenue Elizabeth, NJ 07208	Union County	1032	11/01/96	\$4000.00
Union County Democratic Organization 530 Westfield Avenue Elizabeth, NJ 07208	Union County	6459	11/01/96	\$1500.00
Cumberland County Democratic Committee 424 Landis Avenue PO Box 330 Vineland, NJ 08360	Cumberland County	6460	11/01/96	\$1500.00
Thomas H. Kenny for Freeholder information requested	info. requested	6470	11/01/96	\$1000.00
Bergen County Democratic Organization 14 South State Street Hackensack, NJ 07601	Bergen County	6471	11/01/96	\$5000.00
Camden County Democrat Committee 26 Springdale Road Building 27 Cherry Hill, NJ 08003	Camden County	1033	11/02/96	\$1000.00
Hudson County Democratic Organization 108 Bentley Ave. Jersey City, NJ 07306	Hudson County	1034	11/02/96	\$1000.00

1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.)

\$28200.00

2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A.)

# ITEMIZED MONETARY CONTRIBUTIONS MADE TO CANDIDATES AND COMMITTEES

SCHEDULE D Page No. 5 of 5

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE

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NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES

☐

NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES

☒

ALL OTHER CANDIDATES/COMMITTEES

COMMITTEE NAME: New Jersey Democratic State Comm.

ACCOUNT NAME AND NUMBER:

RECIPIENT NAME, ADDRESS (Number and Street, City, State, Zip Code)	ELECTION DATE	CHECK		AMOUNT OF EACH CONTRIBUTION
	DISTRICT OR COUNTY OR MUNICIPALITY	NO(S).	DATE(S)	
Election Fund of Dolores Coulter 10 Starboard Street Barnegat, NJ 08005		6469	11/03/96	\$250.00
	Ocean County			
Stevenson Club information requested		1035	11/04/96	\$500.00
	info. requested			
Passaic County Democrats 840 Van Houten Avenue Clifton, NJ 07013		1036	11/04/96	\$1300.00
	Passaic County			
Democratic Party of Michigan 155 West Congress Suite 555 Detroit, MI 48226		wire	11/04/96	\$60000.00
	Michigan Dem. Pty			
Senate Democratic Majority Committee P.O. Box 9644 Trenton, NJ 08650		1037	11/07/96	\$20000.00
	Mercer County			
Mercer County Democratic Committee Chairman Alan J. Karcher 777 Alexander Road Princeton, NJ 08540		1038	11/07/96	\$6000.00
	Mercer County			
East Orange Democratic Organization PO Box 2020 East Orange, NJ 07019		1039	11/07/96	\$2000.00
	Essex County			
Camden County Democrat Committee 26 Springdale Road Building 27 Cherry Hill, NJ 08003		6472	12/16/96	\$5000.00
	Camden County			

1. SUBTOTAL (Add all contributions made to each recipient type listed on this page.) \$95050.00

2. TOTAL, THIS RECIPIENT TYPE, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15b, or Line 15c, Column A.) \$260885.00

# DEBTS AND OBLIGATIONS OWED BY COMMITTEE

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

COMMITTEE NAME: New Jersey Democratic State Committee

ACCOUNT NAME AND NUMBER:

CREITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL THIS PERIOD	AMOUNT INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING END BAL THIS PERIOD
Democrats for the 80's P.O. Box 397 Washington, DC 20007	75.00	—	—	\$75.00
DESCRIPTION Operational				
Raynor's Printing, Inc. 8 Grove Street Raddonfield, N.J.	2,933.80	—	—	\$2933.80
DESCRIPTION Campaign Related Printing				
Capital Plaza, Inc. 40 West State St Trenton, N.J.	12,123.91	—	—	\$12123.91
DESCRIPTION Operational-Rent, Parking				
Colo Press, Inc. 229 Marshall St Paterson, N.J.	4,808.70	—	—	\$4808.70
DESCRIPTION Operational Printing				

## SUMMARY OF DEBTS AND OBLIGATIONS:

1. TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE E, PAGE 3, LINE 4

2. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF  
CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 3, LINE 4

3. TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F

(Complete this line on the last page used.)

4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3. Carry forward to front page, line 10.)

COMMITTEE NAME: NEW JERSEY DEMOCRATIC STATE COMMITTEE

ACCOUNT NAME and NUMBER:

CREDITOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	OUTSTANDING BEGINNING BAL- ANCE THIS PERIOD	CHECKS INCURRED THIS PERIOD	PAYMENTS THIS PERIOD	OUTSTANDING BALANCE THIS PERIOD
U.S. POSTAL SERVICE MANAGER OF FINANCE 31 KILMER ROAD EDISON, NJ 08899	\$187500.00	-0-	\$37500.00	\$150000.00
DEBT PURPOSE CAMPAIGN RELATED POSTAL DEFICIENCY				

SCHEWARTZ SIMON ERLSTEIN CELSO & KESSLER 293 EISENHOWER PKWY LIVINGSTON, NJ 07039	6,306.25	-0-	-0-	6,306.25
DEBT PURPOSE CAMPAIGN RELATED LEGAL SERVICES				

DEBT PURPOSE				

DEBT PURPOSE				

SUMMARY OF DEBTS AND OBLIGATIONS:

1. TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCHEDULE B, PAGE 3, LINE 4	
2. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FROM SCHEDULE E, PAGE 3, LINE 4	
3. TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used.)	\$176847.66
4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1, 2 and 3. Carry forward to front page, line 10.)	\$176847.66

DEBITS AND OBLIGATIONS OWED TO COMMITTEE  
(Accounts Receivable)

SCHEDULE G Page No. | o

PLEASE TYPE OR PRINT PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME: New Jersey Democratic State Committee

ACCOUNT NAME and NUMBER:

DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)	BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD
Senator Hirkala Campaign 83 66 Main Street #809 Passaic, NJ 07055	\$8000.00	-0-	-0-	\$8000.00
DATE DEBT INCURRED 10/83	DEBT DESCRIPTION Media/Mailing			
Mercer County Democratic Org. 222 South Broad St. Trenton, NJ 08608	\$4008.92	-0-	-0-	\$4008.92
DATE DEBT INCURRED 1/17/84	DEBT DESCRIPTION Printing/Offset			
Ocean City Democratic Org. 256 Tiller Avenue Beachwood, NJ 08722	\$432.00	-0-	-0-	\$432.00
DATE DEBT INCURRED 11/1/84	DEBT DESCRIPTION Campaign Printing			
Vender for Assembly 37 Long Ridge Rd Dover, NJ 07801	\$4808.07	-0-	-0-	\$4808.07
DATE DEBT INCURRED 11/1/84	DEBT DESCRIPTION Campaign Printing			
DATE DEBT INCURRED	DEBT DESCRIPTION			
1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page.)				\$17248.90
2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page. Line 8.)				\$17248.90